University of Scranton
Office of the Registrar

Request by Current or Former Students for Degree Verification

Please provide the following information:

Current name (please print): ____________________________________________

Name under which your degree was completed, if different:

__________________________________________________________

Royal ID Number, if known: R __ __ __ __ __ __ __ __

Month and day of birth for record matching purposes:    Month: ___    Day: ___

Phone number, including area code, at which you can be reached: (___ ___) ___ ___ - ___ ___ ___

Email address, if you would rather be contacted by email: ________________________________

University of Scranton degrees that you have completed (check all that apply):

  o  Baccalaureate Degree
  o  Master’s Degree
  o  Doctoral Degree
  o  Associate Degree

To whom do you authorize release of your degree verification:

  o  Self (Print complete address): ____________________________________________
      ____________________________________________
      ____________________________________________

  o  Other party (Print complete name and address of that party):
      ____________________________________________
      ____________________________________________
      ____________________________________________

By signing below, I authorize the University of Scranton to release verification of my degrees to the entities that I have specified above.

_______________________________________________ ______________________
(Signature of Current or Former Student)   (Date)