Skidmore College Office of the Registrar - Degree Verification Letter Request

Current Name (print):	Class Year: Date:
Name When Attending (print):	Student ID #:
	E-mail Address:
Program: Residential University Without	Walls Master of Liberal Arts CCI
Check one program.	
Home Address:	Information to be included :
	Full-time Matriculated
	Start Term Requirements Completed
	GP Cumulative GPA Major GPA
	Other:
Phone Number:	
Send To:	Email To: Name:
Name:	Company Name:
Address:	Email Address:
	I authorize Skidmore College to release the information required for the certification requested above, which may include overall GPA and/or semester grades. Student's Signature:
Return to: Office of the Registrar Skidmore College 815 N Broadway Saratoga Springs, NY 12866-1632 Email: tranreq@skidmore.edu	