<b>LOS ANGELES PACIFIC</b> UNIVERSITY Azusa Pacific University System	<b>Enrollment Verification</b> Office of the LAPU Registrar
Student Section:	
I, (please print name),	
my academic file be released by the Office of the LA	APU Registrar.
Term and Year for Verification (choose 1): Fall _	SpringSummer
Contact Number: ()	
Student I.D. Number:	
Note: I understand that my verification will include a partial Social Security number in order to p Release GPA? Yes No	provide positive identification.
Mail to:	
Fax to: ()	Attn:
Student Signature	Date
Registrar Verification Section: (To be comple	eted by the Office of the LAPU Registrar.)
Date:	
To Whom It May Concern:	
This letter is to certify that (student name)	with Social Security number
(SSN) ending inis a time stud	ent at Los Angeles Pacific University and is
registered forunits for the	_semester beginning/ _/ _and ending
/ The student's cumulative GPA is	
Sincerely,	

Unofficial Without Signature