

Office of the Registrar

Phone: (812) 237-2020 Fax: (812) 237-8039

Academic Information Release Form Manual Process

Students who are currently enrolled at Indiana State University should obtain Enrollment Verifications online through their My ISU student portal under the "All Users" tab. If your request includes enrollment history prior to 2006, international student information, or needs official GPA information, you must request a manual Enrollment Verification using this form. 13454 Sunrise Valley Drive, Suite 300 This form must be signed for all requests. Picture identification must be submitted with GPA requests.

National Student Clearinghouse Herndon, VA 20171

Phone: (703) 733-4200

Anyone not currently enrolled at Indiana State University (including employers, etc) should obtain Enrollment Verifications Fax: (703) 742-7792 and other academic directory information through the National Student Clearinghouse. If your request does not include enrollment history prior to 2006, international student information, or need official GPA information, please direct all inquiries to the National Student Clearinghouse (contact information is listed to the right.)

service@studentclearinghouse.org http://www.studentclearinghouse.org

Index As: Verification Enrollment Degree

The Family Educational Rights and Privacy Act of 1974, as amended, requires the written consent of the student for release of confidential information. Please complete the sections below:

Student Information	on						
							
Last Name	First Name		Middle Name		Ur	niversity ID # (XX	X-XXX-XXX)
_							
	t of Manual Release of	Academic Inforn	nation				
Please mark the appro	opriate reason(s):						
GPA Request Unable to A				access MyISU Portal			
Enrollment History Previous to Fall 2006 Change in S				Status Since Last Upload to Clearinghouse			
□ .							
intern	ational Student						
I give my consent to Indiana State University to release the above information to the indicated address or fax number:							
CI LALI					7' 0 1	- N. I.	
Street Address		City		Sate	Zip Code	Fax Number	
Ctd C:t				D-4-		Disease Nove	h
Student Signature				Date		Phone Num	ber
OFFICE USE ONLY							
OFFICE USE UNLY							
Student ID Checked:	Yes No			OR Staff Member		[Date
(Required for GPA)							
SFARQST Codes:	GPA = GPA Request	HIST = Prior to Fall 2	.006 HFUT	= Interna	itional Student;	unable to access	portal; change in status