PEPPERDINE UNIVERSITY

VERIFICATION REQUEST

Mail completed form to: Pepperdine University / OneStop / 24255 Pacific Coast Highway / Malibu, CA 90263

or fax to: 310-506-7203, attn: OneStop or scan and email to: OneStop@pepperdine.edu

Student Information

Last Name	Name First Name MI			Previous Last Name		
Current Address			ID Number (CWID) or SSN			
Current Address				ID Number	(CWID) 01 33N	
City		State	Zip Code	Birth date		
E-mail address				Phone Num	nber	
School(s) Attended	0050	00014		Years Atten	nded	
	☐ GSEP ☐ GSBM ☐ Public Policy ☐ Professional Studies ☐ L.A.			From:	То:	
Information to Verify:						
Please check all that apply: Complete the attached form. Release any information requested.						
Complete the attached form. Trolleges any information requested.						
☐ Provide the information indicated below:						
☐ Dates of Attendance / Enrollment History						
Current Enrollment Information forterm						
(includes full-time, ¾-time, ½-time status)						
☐ Units Completed to Date						
Cumulative G	SPA .					
☐ Term GPA for term						
☐ Degree Received						
Other (please specify):						
Delivery Method:						
☐ Pick up at OneStop						
or						
or 🗌 Mail to:						
or Email to:						
Authorization:						
I hereby give my consent for Pepperdine University to release the information requested above.						
Student Signature Date						
FOR Financial Approval OFFICE	Processed By	Sent/Re	eceived By		Date	