

**Rock Valley College**  
**DEGREE/CERTIFICATE VERIFICATION REQUEST FORM**

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

I hereby give Rock Valley College authorization to release my information as listed below in order to verify my degree/certificate completion. I also verify that my application for completion has been submitted and that final grades have been posted for the courses to complete my degree. I understand that my verification will not be processed until these steps have been completed.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION REQUEST (complete all sections)**

1. Please indicate what degree/certificate and date of completion:

Degree/Certificate: \_\_\_\_\_

Date or Semester Earned: \_\_\_\_\_

2. Verification delivery method:

\*Pick up (If selecting No, complete one of the delivery methods): Yes      No

\*Fax to: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Attention: \_\_\_\_\_

\*Mail to: \_\_\_\_\_

\_\_\_\_\_

Attention: \_\_\_\_\_