



OFFICE OF THE REGISTRAR

59 College Avenue
Buckhannon, WV 26201
Office: 304-473-8046
Fax: 304-473-8531

DEGREE VERIFICATION REQUEST

Type: Certificate Official letter

Reason for request: _____

TO BE COMPLETED BY GRADUATE:

NAME _____ DATE OF REQUEST _____

SIGNATURE (required) _____

Please indicate method of delivery: US Mail Email Fax

Name _____

Address _____

Email _____

Fax # _____

Registrar Office Use Only

This is to certify the following information for the above named graduate:

Beginning Date of Attendance _____ Ending Date of Attendance _____

Graduation Date _____ Degree _____

Respectfully submitted,

School Seal

Registrar