



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