

## SPECIAL REQUEST RMRRSRRC

OFFICE OF THE REGISTRAR 901 12th Avenue P.O. Box 222000 Seattle, WA 98122-1090

(206) 220-8030; Fax: (206) 296-2443 email: registrar@seattleu.edu

## FULFILLMENT OF SPECIAL REQUESTS IS AT THE DISCRETION OF THE REGISTRAR PER CURRENT UNIVERSITY POLICIES.

OFFICE USE ONLY Processed by: \_\_\_\_\_

Date: \_\_\_

Seattle U ID:	Phone Number:	Email:	
Current Name at SU:			
► Student Signature: _	Last	First	Middle Date:
	completed by the Registrar.	reeks for processing ment Verifications are p	provided for our students via SU online)
	Approximately 4-6 on a (\$25.00 fee due at time of requesty as I would like it printed on the diplo		
Additional information for ve	erification (i.e. previous name, date o	f birth, graduation date	)
<ul> <li>□ I want my primary major and my third major (Major 3</li> </ul>	legistrar for a Zone permit as an out- (Major 1) to be*Th	, my second major ( ird major is optional.	Major 2) to be, st do so by filling out a Change of Major form.)
, ,	st- check one pe emailed):		