



Letter of Degree Completion

Information required for verifications:

Signed release from student
Name of student
Address and phone number
NNU Student ID number or Social Security number
To whom and where to send verifications

Contact person:

Esther Read – Verifications Officer (208) 467-8433

Send inquiries to: Registrar's Office
Northwest Nazarene University
623 S. University Boulevard
Nampa, ID 83686
E-mail: registrar@nnu.edu
Fax: (208) 467-8603



NORTHWEST
NAZARENE UNIVERSITY

VERIFICATION OF DEGREE COMPLETION

Student ID: _____

Student SSN: _____

First Name

Middle Name

Last Name

Address

Presently Enrolled? YES NO

City, State, Zip

*

Telephone

Verification letter is to be: Picked up Mailed Faxed E-mailed

Please allow 48 hours for verification to be processed.

Send verification letter (s) to: _____ (Please print clearly. Enter complete name and address if letter is being mailed.)

Name: _____ FAX # or Email Address: _____

Address: _____

Student's Signature: _____ Date: _____