

(CHECK ALL THAT APPLY)

- CHIROPRACTIC
- ACUPUNCTURE
(MAOM / DAOM)
- PHYSICIAN ASSISTANT
- MASSAGE THERAPY
- AYURVEDA CERT
- YOGA



- ACCELERATED
SCIENCE PROGRAMS**
- BSBS IN BIOLOGICAL
SCIENCES
 - INSTITUTE OF
SCIENCE

Office of the Registrar

Graduation Verification Form

PLEASE PRINT

Name _____ Student # _____

Address _____ City _____

Zip Code _____ Telephone # _____ Soc Sec # _____ DOB _____

Signature _____ Date _____

Please send Graduation Verification, with the information noted below, to:

Name of person/organization: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Check one Mail request: _____ Fax request: _____ Pick Up request _____

Please include the following information:

_____ S. S. # _____ Enter Date _____ Grad Date _____ Birth Date _____ Good Standing

Please mail your request with payment to:

SCUHS
Attention: Registrar's Office
16200 East Amber Valley Dr.
Whittier, CA 90604

OR

You may fax this request with the
credit card authorization form to:
562-902-3306
Attention: Registrar's Office

YOUR REQUEST WILL NOT BE PROCESSED WITHOUT VALID PROPER PAYMENT

_____ \$ 10 each (Alumni Request) _____ \$20 each (Corporate Request)

Attached is: Check ___ Money Order ___ Cash ___ in the amount of: _____

For use by Registrars Office:

Date Received: _____

Date Mailed: _____

Processed By: _____

Issued to Student: _____