



SEATTLE
UNIVERSITY

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.**

Seattle U ID: _____ Phone Number: _____ Email: _____

Current Name at SU: _____
Last First Middle

► **Student Signature:** _____ **Date:** _____

Approximately 2 weeks for processing

- ☐ I need the attached form completed by the Registrar.
☐ I need a letter from the Registrar stating the following (*Enrollment Verifications are provided for our students via SU online*)

Approximately 4-6 weeks for processing

- ☐ I need a duplicate diploma (\$25.00 fee due at time of request)
My name **exactly** as I would like it printed on the diploma:

Additional information for verification (i.e. previous name, date of birth, graduation date) _____

Approximately 3 days for processing

- ☐ I need a letter from the Registrar for a Zone permit as an out-of-state resident
☐ I want my primary major (Major 1) to be _____, my second major (Major 2) to be _____,
and my third major (Major 3) to be _____. *Third major is optional.
NOTE: This is not a change of major form (If you have not declared your second major, you must do so by filling out a Change of Major form.)

✓ **Delivery of request-** check one

- ☐ Pick up
☐ Email (diplomas cannot be emailed): _____
☐ Fax/Mail to: _____

OFFICE USE ONLY

Processed by: _____

Date: _____