



GATEWAY SEMINARY

Biblical • Missional • Global

Office of the Registrar
3210 E. Guasti Road • Ontario, CA 91761
909.687.1468 (phone) • 909.687.1593 (fax)
registrar@gs.edu

Verification Request Form

Full Legal Name: _____
Last First Middle

Name at time of enrollment (if different than above): _____ Student ID # or SSN or Date of Birth: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Did you graduate from GS?

Yes: Date of graduation and degree: _____

No: Dates of attendance: _____ Anticipated Graduation Term/Year: ____/____

Type of Verification:

Enrollment (current students) Number of copies: _____

Degree (graduates) Number of copies: _____

Processing Options:

Normal processing (5 business days)

COST: FREE

24-hr service

COST: \$25 service charge

Delivery Options:

Express mail (US only - \$20.00 extra charge)

Standard mail Fax

PAYMENT INFORMATION

Cash Check Money Order

Name on Card: _____

VISA/MasterCard #: _____ - _____ - _____

3-digit security code

Exp. Date: ____/____ on back of card: _____

Payment can be accepted as cash, check, credit card (MC or VISA only), or money order ONLY

Please send copies to: Check if same address as above

ATTN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I hereby consent to have my information released to the address(es)/person(s) on this form. I understand that the Registrar's Office will send my transcript to the person/address exactly as I have written them.

Signature: _____ Date: _____

REGISTRAR OFFICE USE ONLY

Date processed: _____

Amount due: _____

Initials: _____

Amount received: _____