



Oglala Lakota College

Registrar's Office
P.O. Box 490
Kyle, S.D. 57752
605.455.6033
Fax: 605.455.2226

Enrollment and Degree Verification Request Form

Please allow 3-5 business days for processing

_____ Address where verification should be mailed.

☐ I would like to pick-up my verification (photo ID is required). Phone: _____

Select the information to be verified:

- | | |
|---|--|
| <input type="checkbox"/> Enrollment Status | <input type="checkbox"/> Degree Program |
| <input type="checkbox"/> Academic Standing | <input type="checkbox"/> Grade Point Average |
| <input type="checkbox"/> Degree Awarded | <input type="checkbox"/> Anticipated Graduation Date |
| <input type="checkbox"/> Pre-registration Verification (for future terms) | <input type="checkbox"/> Other _____ |

SEMESTER(S) to be verified:

☐ Fall ☐ Winter ☐ Summer

YEAR(S) to be verified:

Year: _____

I authorize Oglala Lakota College to release the information indicated to the party listed above:

Student Signature

Date

Printed Name

ID#