



DOMINICAN UNIVERSITY

Stars Connect: Student Enrollment Services

REQUEST FOR INFORMATION FORM

Print, sign below and submit to starsconnect@dom.edu

Date of Request _____ Student ID Number _____

Name _____

Last

First

Middle

Name while attending _____

Phone Number _____ Email _____

REQUEST FOR *(Please check all that apply)*

- Letter of Full Time/Half Time/Less Than Half Time Status
- Letter of Good Standing
- Number of Semester Hours Currently Enrolled
- Completion of Attached Form
- Other *(Special Request - Please describe)*

Please select Semester and Year:

- Summer _____
- Fall _____
- Spring _____

DELIVERY OPTIONS: *(Please check one)*

- Hold For Pick Up
- Email to: _____

By clicking on the email option, you are consenting electronic delivery of documentation via Secure Transfer to the email you have provided.

- Mail to: _____
- _____
- _____

Student Signature _____ Date _____

SIGNATURE DISCLOSURE

Submission of the request using Dominican University email is considered an electronic signature and the legal equivalent of your manual signature. **SUBMISSIONS THROUGH PERSONAL EMAIL REQUIRE A COPY OF GOVERNMENT ISSUED ID BE SENT WITH THE REQUEST**

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

I understand that information about my rights under FERPA is available on the Registrar's website and I further understand that this serves as my annual notification of my rights as required by FERPA.

I understand that it is my responsibility to monitor my email account (Dominican email for current students) for questions from Stars Connect regarding my request.