

203 Rowland Hall · 4190 City Ave · Philadelphia, PA 19131  
Tel: 215-871-6704 · Fax: 215-871-6649 · [registrar@pcom.edu](mailto:registrar@pcom.edu) · [www.pcom.edu](http://www.pcom.edu)

Student Information: Please PRINT

Name: \_\_\_\_\_ SSN/Banner ID: \_\_\_\_\_  
Previous Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_  
Program: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Delivery Options:  Pick up  Mail  Fax

To: \_\_\_\_\_ If Faxing, Fax #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature below authorizes the Office of the Registrar at PCOM to send my verification to the person or organization listed above.  
FAX WARNING: I understand that by faxing this form I will be compromising my confidentiality and release PCOM from any liability that may arise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REGISTRAR'S OFFICE USE ONLY BELOW

This is to certify that the above named student is enrolled at:  Philadelphia Campus  Georgia Campus

Date Degree Awarded: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR Expected Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Degree Upon Graduation:

Doctor of Osteopathy  Doctor of Osteopathic Medicine  Doctor of Psychology  Master of Science  
 Education Specialist  Post-Doctorate Certificate  Certificate of Adv Grad Studies  Certificate  
 Other \_\_\_\_\_

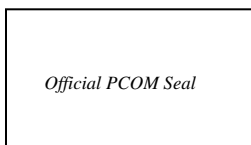
Major:

Applied Behav Analysis (Psych)  Biomedical Sciences  Clinical Health Psych  Clinical Psychology  
 Clinical Neuropsychology  Cognitive Behav Therapy  Couns & Clin Hlth Psych  Forensic Med  
 Organizational Dev & Leadership  Physician Assistant Studies  Professional Psych  School Psychology  
 Other \_\_\_\_\_

This form is deemed official with the Verifying Official's Signature and PCOM Seal Affixed Below:

If this form is faxed to you from the Registrar's Office, 215-871-6649, the PCOM seal will not show, but is still valid.

School Code



Official PCOM Seal

Verifying Official's Printed Name

Verifying Official's Signature

Title

Date