

Name: _____
Street: _____
City: _____
State/Zip Code: _____

Fresno State Student ID #: _____
Phone Number: _____
Email Address: _____

Scholarship Grade Point Average Verification Form

To consider the student's application for institutional scholarships at California State University, Fresno, the applicant's cumulative grade point average must be verified by the authorized school official in the appropriate space provided below.

RELEASE OF INFORMATION

I do hereby give my consent for the authorized school official (listed below) to forward the information requested on this form to the Scholarship Office at California State University, Fresno.

Student Signature: _____ Date: _____

TO BE COMPLETED AND SIGNED BY AUTHORIZED SCHOOL OFFICIAL

High School Senior

Weighted GPA _____

Non-weighted GPA _____

Transfer College Student

Cumulative GPA _____

Post-Baccalaureate Student

Cumulative GPA _____

CERTIFICATION BY AUTHORIZED SCHOOL OFFICIAL

I certify as the authorized school official that the grade point average listed above is accurate to the best of my knowledge.

Signature: _____ Date: _____

Name (please print) _____ Title _____

Institution _____ Phone # _____

Address _____

Mail completed form to:
(do not fax)

**California State University, Fresno
Scholarship Office
5150 N. Maple Ave., JA 64
Fresno, CA 93740**