



**OUT OF STATE VERIFICATION REQUEST
FOR A
CSUN COMPLETED PROGRAM**

Name while in program at CSUN _____

CSUN I.D. #(must be completed) _____

Year Program Completed _____

Last four digits of SSN _____

Date of Birth _____

Contact phone # _____

Email _____

Please complete above and attach your Out of State Verification Form. Make sure that you have completed the top portion of the form and signed if required. Do not fax your form from the other state, it will not be clear enough to complete.

The Credential Office will complete the required verification within about two weeks depending upon workload. We cannot provide this service while you wait.

How would you like the form returned to you?

- Pick - u p
- M a i l e d
- E m a i l e d
- O t h e r _____