



**CLEARANCE FORM**

Graduating

Transfer

Withdrawal

**STUDENT NAME** \_\_\_\_\_  
*Last First Middle*

**STUDENT ID #** \_\_\_\_\_

**CURRENT ADDRESS** \_\_\_\_\_

**TELEPHONE #** \_\_\_\_\_

**DATE OF ADMISSION** \_\_\_\_\_ **DATE OF COMPLETION** \_\_\_\_\_

**CLEARANCE (Do not sign if student has deficiencies.)**

\_\_\_\_\_  
*TREASURER*

\_\_\_\_\_  
*DATE SIGNED*

\_\_\_\_\_  
*REGISTRAR*

\_\_\_\_\_  
*DATE SIGNED*

\_\_\_\_\_  
*LIBRARIAN*

\_\_\_\_\_  
*DATE SIGNED*

\_\_\_\_\_  
*STUDENT SERVICES*

\_\_\_\_\_  
*DATE SIGNED*

**IT IS THE RESPONSIBILITY OF THE STUDENT TO OBTAIN ALL THE REQUIRED SIGNATURES ABOVE.**

**Copy placed in Student's File on:** \_\_\_\_\_ **by** \_\_\_\_\_  
**Registrar**

**REMARKS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_