

REQUEST FOR VERIFICATION

INSTRUCTIONS: **Please print clearly.**

STUDENT INFORMATION

NAME (LAST, FIRST, MI)

MAIDEN NAME

()

PHONE NUMBER

STUDENT ID #

☐ MALE

☐ FEMALE

Social Security #

PLEASE CHECK THE FOLLOWING VERIFICATION OPTIONS

Major: _____

Verification of enrollment for the following semester:

Term: (Check one) ☐ Fall ☐ Spring ☐ Summer Year: _____

Verification of Student Status: ☐ Full-time ☐ Part-time

Students can only be verified for those semesters for which they were officially enrolled for.

INSTRUCTIONS

Send letters to the attention of: _____

☐ I will **pick up** at the Registrar's office

☐ Please **fax** to the following number: _____

☐ Please **email** it to the following email Address: _____

SIGNATURE AND DATE

STUDENT'S SIGNATURE

DATE (MM/DD/YYYY)