

# REQUEST FOR VERIFICATION

INSTRUCTIONS: **Please print clearly.**

## STUDENT INFORMATION

NAME (LAST, FIRST, MI)

MAIDEN NAME

STUDENT ID #

ADDRESS

MALE

FEMALE

CITY

STATE

ZIP

PHONE NUMBER

## 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)