



REQUEST FOR LETTER OF VERIFICATION

(Allow two days for processing.)

STUDENT'S NAME: Last First Middle Initial

ADDRESS: Street City State Zip

SOCIAL SECURITY #: TODAY'S DATE:

TELEPHONE #: DATE NEEDED:

Check the appropriate items:

I am: Full-Time Part-Time Former Student
and am: Non-Matriculated Matriculated in Program/Major

Semester to Verify: Fall 20 Summer 20 Spring 20

For the current semester, I am enrolled for credit hours.

SPECIFIC INFORMATION REQUESTED AND REASON NEEDED:

Four horizontal lines for providing specific information requested and reason needed.

Delivery Method:

MAIL TO: Three horizontal lines for mailing address.

FAX TO: ATTN: Horizontal lines for fax and attention details.

HOLD FOR PICK UP IN THE REGISTRAR'S OFFICE (check for pick up)

SIGNATURE: Horizontal line for signature.

Office Use Only: Information verified by: Date: