Southeast Missouri State University
Office of the Registrar

Verification Request Form

Name___________________________ Date of Birth ______________________

Southeast ID: S0_________________ Phone:______________________________

*Undergraduate Student ______
*Graduate Student ______ Are you a Graduate Assistant? ______

Check One:

____ Will pick up
____ Fax to: ______________________________ Attn:______________________
    Fax #: ______________________________
    (a $2.00 faxing fee will be charged to the student’s account)
____Mail to: ______________________________
    _______________________________
____ Email to:____________________________

Please specify what you would like verified.
Attach any additional paperwork to this form.

____ Full/Half time Enrollment for ___________________/________
   (semester: fall, spring, summer) (year)

____ Graduation Verification for ___________________/________
   (students who have graduated) (semester: fall, spring, summer) (year)

____ Fill out attached form

____ Official Schedule for ___________________/________
   (semester: fall, spring, summer) (year)

____ Other: ______________________________________________________
   (Include specific information, i.e. GPA, good standing, anticipated graduation,
    total hours, Good Student Discount, etc.)

Signature_____________________________________ Date________

Mail or Fax this Form to:
Southeast Missouri State University
Office of the Registrar
One University Plaza, MS3760
Cape Girardeau, MO 63701
Office: 573-651-2250 Fax: 573-651-5155