

Verification Request Form

Name _____ Date of Birth _____

ID# _____ Phone # _____

Graduate Student _____ Undergraduate Student _____

Are you a Graduate Assistant? _____

Check One:

___ will pick up

___ Fax to: _____ Attn _____
(a \$2.00 faxing fee will be charged to the student's account)

___ Mail to _____

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

___ Full/Half time Enrollment for _____ / _____
(semester: fall, summer, spring) (year)

___ Graduation Verification for _____ / _____
(students who have graduated) (semester: fall, summer, spring) (year)

___ Good Student Discount (please attach form to be filled out)

___ Enrollment History

___ Other: _____
(Include specific information, i.e. GPA, degree, good standing, anticipated graduation, major, minor, total hours, etc)

Signature _____ Date ___ / ___ / ___