Verification Request

Name ____________________________ Date of Birth ___________

Check one:
_____ I will pick up from the Registrar/Front Desk
_____ I authorize _______________________________ to pick it up.
_____ Fax to Number: ____________________________
    Attention: ____________________________
_____ Mail to: ____________________________
    __________________________________________
    __________________________________________
_____ Email to: ____________________________

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

_____ Full/Half time Enrollment for ____________________________
    Semester _______ year ______

_____ Graduation Verification ____________________________
    Graduation date _______ program ______

_____ Fill out attached form

_____ Provide a reference letter

_____ Other ____________________________

Signature ____________________________ Date __________