

STUDENT VERIFICATION FORM

| |
|---------------------|
| FOR OFFICE USE ONLY |
| Received by: _____ |
| Processed by: _____ |
| _____ |
| Date Processed |

Name: _____
Last
First
Middle Initial

Student ID: _____

Year(s) and Semester(s) requested: _____
Example: 2012 Fall

Please mark the type of information you need. If the options listed do not work, please provide, in detail, the type of information requested.

Hours enrolled **Acceptance Letter** **Anticipated graduation date**

Other form (scholarships, applications, etc.)

Loan Deferment: _____ **Semester:** _____

Other: Please use the space below to specifically explain what the request should include.

Please select your method of pick up or delivery:

Call student for **pick up:** _____ **Fax to:** _____
Student's phone number

ATTN: _____

Mail to: _____
Name of recipient

_____ Address

_____ City State Zip Code

Signature: _____ **Date:** _____

Your signature is **REQUIRED** for release of academic information.