

REQUEST FOR STUDENTS VERIFICATION

Student's Name: _____ ID# _____
Soc. Sec. # _____
Requested By: _____ Phone # _____

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Please send a letter stating the following:
(Check whichever are applicable)

_____ **Verification of Enrollment**

_____ **Full-time** _____ **Half-time**
_____ **Graduate** _____ **Undergraduate**
Specify Term _____ **Current Term**
 _____ **Previous Term (please specify)**

_____ **Verification of Degree**

Specify date degree was earned _____

_____ **Letter of Good Standing (Requires Student Signature)**

_____ **Verification of Grade Point Average (Requires Student Signature)**

_____ **Semester** _____ **Cumulative**

_____ **Other (please specify)** _____

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_____ **I will return to pick up verification (24 hours)**
_____ **Mail verification to the following address**
_____ **FAX**

STUDENT SIGNATURE

DATE