

**REQUEST FOR VERIFICATION
OF ATTENDANCE AT NIAGARA UNIVERSITY**

NAME: _____

STUDENT ID # _____ DATE OF BIRTH: _____

SEMESTER TO BE VERIFIED: FALL _____ SPRING _____ SUMMER _____ YEAR _____

SEND TO: _____

FAX TO: NAME _____

NUMBER _____

(VERIFICATIONS BEARING SEAL MUST BE MAILED TO AGENCY)

*****VERIFICATIONS ARE DONE ON A FIRST COME FIRST SERVED BASIS*****

OPTIONAL INFORMATION:

ACCOUNT # OR INSURANCE ID # _____

NAME OF POLICYHOLDER OR ACCOUNTHOLDER: _____

INCLUDE SOCIAL SECURITY NUMBER? YES _____ NO _____

INCLUDE NUMBER OF CREDIT HOURS? YES _____ NO _____

STUDENT SIGNATURE: _____

FOR OFFICE USE ONLY

ATTENDED: FALL _____ HRS SPRING _____ HRS SUMMER _____ HRS

DATE SENT: _____ INITIALS: _____