



REQUEST FOR VERIFICATION OF ATTENDANCE

NAME: _____ STUDENT ID # _____

TELEPHONE: _____ DATE OF BIRTH: _____

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

_____ I have attached an additional form to this request.

MAIL TO: _____

FAX TO: NAME: _____ FAX NUMBER: _____

EMAIL TO: NAME: _____ EMAIL: _____

VERIFICATIONS REQUIRING UNIVERSITY SEAL MUST BE MAILED DIRECTLY TO AGENCY

OPTIONAL INFORMATION:

LOAN ACCOUNT # OR INSURANCE ID #: _____

NAME OF ACCOUNTHOLDER OR POLICYHOLDER: _____

INCLUDE SOCIAL SECURITY NUMBER? YES ___ NO ___

INCLUDE NUMBER OF CREDIT HOURS? YES ___ NO ___

ANTICIPATED OR GRADUATION DATE: (As it appears in student's record) YES ___ NO ___

COMMENTS: _____

****VERIFICATIONS COMPLETED IN THE ORDER IN WHICH THEY ARE RECEIVED ****

STUDENT SIGNATURE: _____

FOR OFFICE USE ONLY

RECEIVED: _____ DATE SENT: _____

ATTACHMENT: Y N INITIALS: _____