REQUEST FOR A LETTER OF VERIFICATION

This is used to verify your student status for insurance, scholarships, and job applications.

Date: _____ Student ID# or SSN:_____

Full Name: _____
               (First)   (Middle)   (Last)

Phone: _____E-Mail: _____

Please indicate what information needs to be verified.

___ Enrollment status during current semester

___ Enrollment status for the next semester

___ Enrollment status during the _____ semester

___ Grad date, or planned Grad date

___ GPA –> sign to authorize: _____

___ Other: _____

Please indicate the address, e-mail or fax number to which we should send this letter.

_____

_____

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