ACADEMIC VERIFICATION REQUEST FORM

STUDENT NAME: ____________________________________________________________

First Middle Last

ID #: _________________________ BOX # ____________ CELL #: ____________________________

CURRENT CLASS LEVEL:  FY  SO  JR  SR  GR  STUDENT SIGNATURE: __________________________

TYPE OF VERIFICATION NEEDED:

- □ Health Insurance  - □ Scholarship
- □ Good Standing  - □ Grade Point Avg.
- □ Loan Deferment  - □ Employment
- □ Other  - □ Enrollment Verification

SPECIAL INSTRUCTIONS:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

VERIFICATION SENT TO:

________________________________________________________________________

Attn: ________________________________________________________________

Fax # ____________________________

Sent by: ________________________  Date: ________________________

(Office Use Only)