



**VERIFICATION LETTER REQUEST FORM**

Student ID # \_\_\_\_\_

Name of Student \_\_\_\_\_

Social Security Number \_\_\_\_\_  
(For ID Purposes Only)

Period of time needed verified \_\_\_\_\_  
(i.e., entire enrollment, Fall 2008, Spring 2009, etc.)

Include expected graduation date?      Yes      No

If yes, when do you expect to graduate? \_\_\_\_\_

Please send to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Student \_\_\_\_\_

Date of Request \_\_\_\_\_

*Please return this form to the Office of the Registrar, First Floor, Alfred Hall.*