OFFICE OF THE REGISTRAR
VERIFICATION/CERTIFICATION FORM

Personal Data
Today’s Date: _________________________

Student Name: ______________________ Middle Initial: _____ Last Name: ______________________
Student ID Number: _______A00000________________
Last 4 of Social Security (If Needed): ______xxx-xx-____________________
Campus Address: _________________________________________________________________
City, State, Zip Code: _____________________________________________________________
Current Student Phone Number: ___________________________________________________

Data Requested (Please Check Applicable Boxes):

___ Present Enrollment
___ Enrollment History
___ Letter of Good Standing
___ Other (Please State Information Needed): __________________________________________

SUBMISSION METHOD (PLEASE INDICATE METHOD):

___ Fax (List Addressee Name and Number):
__________________________________________________________________________________
__________________________________________________________________________________

___ Mail (List Addressee Name and Mailing Address):
__________________________________________________________________________________
__________________________________________________________________________________

___ Email Address: _________________________________________________________________

___ Pick Up (Date): ________________________

Student Signature: ________________________________________________________________

Completed by: ______________________ Date: _________________________

Revised 09/2017