



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: _____