



**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: \_\_\_\_\_