



South Florida Campus
2300 South West 145th Avenue
Miramar, FL 33027-4150
<http://www.mir.devry.edu/>
(954) 499.9898

Education Verification Request

Name: _____ Date: _____
(Last) (First)

Student ID Number: _____ Phone: _____

Requesting term for Verification or Reimbursement Letter: (check one)

Spring Summer Fall Year: _____

Grade Verification

Yes No

Tuition Reimbursement Letter

Yes No

(For Student Finance Purposes Only)

Please check one:

To be Mailed ** Student will Pick-Up To be Faxed: () _____

Number of Copies: _____

Fax Attention To: _____

Student's Signature: _____

Please provide original signature. E-signature will not be accepted as valid.
Requests will only be processed with an original signature.

**** IF "TO BE MAILED", PLEASE COMPLETE BELOW**

Company name: _____

Address: _____

Telephone Number: () _____

*****Official Use Only*****

Completion

Student Success Coach: _____ Date: _____

Registrar: _____ Date: _____