Education Verification Request

Name: ____________________________________________ Date: __________________________

(Last) (First)

Student Id Number: __________________________________________

Requesting Verification for (check one):

☐ Spring ☐ Summer ☐ Fall Year: __________

Grade Verification (Employer Reimbursement)

☐ Yes ☐ No

Please check one:

☐ To be Mailed ** □ Student will Pick Up No. of Copies: __________________________

** IF “TO BE MAILED”, PLEASE COMPLETE BELOW

To the Attention of: __________________________________________

Address:

__________________________________________________________

__________________________________________________________

Telephone Number: (                      ) __________________________

For Office Use Only:

Student Support Coord. initials: ________ Registrar’s staff initials: ________

Contact Student: ☐ YES ☐ NO If NO, Why Not? __________________________

Resolution Date: ________ Contact Student Central: ☐ YES ☐ NO

White copy – Registrar’s Office Yellow copy – Student Central Pink copy – Student

04/03/06