



# VERIFICATION REQUEST FORM

Date of Request \_\_\_\_\_

Full Name \_\_\_\_\_  
First Middle Last

All former names \_\_\_\_\_

Student ID# \_\_\_\_\_

Last 4-digits of SSN \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

Current Mailing Address:


Day Phone # (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Eve Phone # (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

E-mail address \_\_\_\_\_

### Student Signature

*(Legal signature required by PL93-380 Buckley Amendment, The Family Education Rights and Privacy Act of 1974.)*  
*\*By signing, I also authorize CSM to update my name, address, e-mail, and phone numbers in the data system.*

Policy on E-mailing and Faxing Verifications:  
 The college does not e-mail any verifications due to security concerns.

We strongly prefer not to fax verifications due to concerns with security. Only on rare occasion will we fax them for an emergency. If you request a verification faxed, your signature on this page indicates that you are aware that faxing the material is not completely secure, that third parties could potentially gain access to your information during or after the send, and that CSM is not responsible for any breach of information or identity theft.

### Please indicate information to be verified:

\_\_\_\_\_ Enrollment status (full-time or part-time)  
 Fall  Spring  Summer || Year \_\_\_\_\_

\_\_\_\_\_ Dates of attendance

\_\_\_\_\_ Graduation date

\_\_\_\_\_ Degree(s)/Certification(s) Earned

\_\_\_\_\_ Grade point average

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Did you provide a form for us to complete? \_\_\_ yes \_\_\_ no

### PLEASE SEND A LETTER TO THE FOLLOWING:

(please write legibly, provide # of copies needed, and provide complete addresses)

*Example:*

<i>The Positive Insurance Company</i>
<i>Attn: Jane Doe</i>
<i>100 Snail Mail Court</i>
<i>City, State, Zip</i>

SEND \_\_\_\_\_ OFFICIAL LETTERS TO:


SEND \_\_\_\_\_ OFFICIAL LETTERS TO:


\*If more than two locations needed, please provide a second request form. All forms submitted must be completed in full.

### \*PLEASE NOTE\*

#### **FOR STUDENTS WHO ATTENDED 1958 – 1983 PLEASE COMPLETE THIS AREA**

Most classes taken before Fall 1983 with Charles County Community College are on microfilm and we require at least a 6 week turnaround time to process. To help us locate your records more easily, **it is very important to provide the following information as accurately as possible.**

First Term of attendance \_\_\_\_\_  
(e.g. Fall 1976)

Last Term of attendance \_\_\_\_\_  
(e.g. Spring 1978)

Approximately how many credits did you complete? \_\_\_\_\_

Did you graduate with a certificate and/or a degree? If so, what were they and what were the graduation dates?

\_\_\_\_\_

\_\_\_\_\_

Did you attend Piney Point or Harry Lundburg School of Seamanship? (if not sure, check "No") Yes \_\_\_\_\_ No \_\_\_\_\_

Mail to: College of Southern Maryland, Registrar's Office (REG) Attn: Verification Requests, P.O. Box 910, La Plata, MD 20646-0910  
or you may Fax to: 301-934-7698

Please send each form only once by fax or mail. Sending the same request multiple times increases workload and delays processing time.