



**VERIFICATION REQUEST FORM**

**Student Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Policy # (if applicable):** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Please indicate all of the information to be verified:**

\_\_\_\_\_ enrollment status (full-time or part-time) Semester (please indicate) \_\_\_\_\_

\_\_\_\_\_ dates of attendance

\_\_\_\_\_ graduation date (please indicate) \_\_\_\_\_

\_\_\_\_\_ grade point average

\_\_\_\_\_ other (specify) \_\_\_\_\_

**Is there a form to be completed?** \_\_\_\_\_ yes \_\_\_\_\_ no

**Where verification is to be sent:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEGAL SIGNATURE OF STUDENT:** \_\_\_\_\_

(Required by the PL93-380, Buckley Amendment, The Family Educational Rights and Privacy Act.)