

VERIFICATION REQUEST FORM	☐Fall ☐Spring ☐Summer    Year
	Dates of attendance
Date of Request	
Full Name Hiddle Last	Graduation date
	Degree(s)/Certification(s) Earned
All former names	
Student ID#	Grade point average
Last 4-digits of SSN	Other (specify)
Date of Birth (MM/DD/YYYY)	
Current Mailing Address:	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:
Day Phone #()Ext	The Positive Insurance Company
Eve Phone #()Ext	Attn: Jane Doe
Cell Phone #()Ext	100 Snail Mail Court City, State, Zip
E-mail address	City, state, 24
	SEND OFFICIAL LETTERS TO:
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 <u>not</u> e-mail any verifications due to security concerns.	SEND OFFICIAL LETTERS TO:
The college does <u>not</u> e-mail any vertifications due to security concerns.	
We strongly prefer <u>not</u> to fax verifications due to concerns with security.	
Only on rare occasion will we fax them for an emergency. If you request	
verification faxed, your signature on this page indicates that you are awar that faxing the material is not completely secure, that third parties could	e
potentially gain access to your information during or after the send, and	*If more than two locations needed, please provide a second request
that CSM is not responsible for any breach of information or identity thef	ft. form. All forms submitted must be completed in full.
THE RESERVE OF MARKET	
*PLEASE NOTE* FOR STUDENTS WHO ATTENDED 1958 – 1983 PLEASE (	COMDITETE THIS ADEA
	ollege 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	
First Term of attendance	Did you graduate with a certificate and/or a degree? If so, what were
(e.g. Fall 1976)	they and what were the graduation dates?
Last Term of attendance	
Last Term of attendance(e.g. Spring 1978)	<del></del>
	Did you attend Piney Point or Harry Lundburg School of Seamanship?
Approximately how many credits did you complete?	(if not sure, check "No") Yes No

Please indicate information to be verified:

Enrollment status (full-time or part-time)

Mail to: College of Southern Maryland, Registrar's Office (REG) Attn: Verification Requests, P.O. Box 910, La Plata, MD 20646-0910 <u>or</u> 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.