



REGISTRAR'S OFFICE

**REQUEST FOR LETTER OF VERIFICATION / GOOD STANDING**

Full Name Current Phone #

Current Address (Home)

City / State Zip Code

*Residential Students Only:* Dorm Room

SS # \*\*\*-\*\*-\*\*\*\* Date of Birth  
[Last Four]

Degree: BA BS BSW MS MBA Major

**\*\*\*ENROLLMENT STATUS\*\*\***

Currently Enrolled? Yes No

If "No", Last Date of Attendance

Degree Anticipated (e.g. Bachelor of Arts)

Anticipated Graduation Date Graduation Year

Current Semester History (Previous Semesters)

I authorize the release of my Letter of Verification to be mailed to the following address:

Pickup

Mail out

Fax \_\_\_\_\_

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**FOR REGISTRAR'S OFFICE STAFF ONLY**

Registrar's Office Operator's Signature \_\_\_\_\_

Date