Student Verification Request

Name: Contact Phone Number:				ID #:			
				Check one:	□ Cell	□ Home	□ Work
NOTE:		us may only be ve 7 3-5 days for pro					
	Verification	for:					
	☐ Fall	Year	☐ Spring Yea	ar 🗆	Summer	Year	_
	☐ Academ	nic Load (Full-time	/Part-time)	□ GPA			
	☐ Other (p	olease specify): _					
		☐ Please MAII	_ to:				
		OR					
		□ Please EMA	IL to:				
	•						
		OR					
	☐ I will pick it up. Please call me when it is ready.						
STUDENT SIGNATURE:				[ATE:		

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