



Verification/Information Request Form

Your Name: _____

Date: _____

Student ID# or Last Four Digits of SS#: _____

Your Email Address: _____

Address to send the letter (either by email, fax or mail):

Information to be included (Check one)

☐ Full Time
☐ Half Time
☐ Part Time

Include Anticipated Graduation Date?:
If yes, please state the month and year:

☐ Yes ☐ No
_____/_____/_____

Other Comments/Requests:

Signature: _____ Date: _____