



VERIFICATION REQUEST

U _____ - _____
ID Number Last Name (include any former names) First Name Middle Name

Phone Number BU Email Address _____ / _____ / _____
Date of Birth (MM/DD/YYYY)

Dates of attendance: _____ / _____ to _____ / _____
(MM/YYYY) (MM/YYYY)

Degree(s)/Certificate(s) pursued/awarded: _____

Program: _____

Requested verification:

- Enrollment
- Completion (students who are official status before the official graduation date)
- Graduation (official graduates on or after the official graduation date)
- Form (loan deferment, etc.—attach form to this request)

Delivery method:

- Pick up _____
Number of copies
- Email _____
Email address(es)
- Fax _____
Fax number(s)
- Mail (list addresses below)

Student Signature	Date
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Mailing addresses:

Name (person, institution or agency)
Address 1 (Street)
Address 2 (Apt/Suite)
City State ZIP/Postal Code Country
Number of copies _____

Name (person, institution or agency)
Address 1 (Street)
Address 2 (Apt/Suite)
City State ZIP/Postal Code Country
Number of copies _____