

Registrar's Office

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VERIFICATION REQUEST

J D Number	Last Name (include a	any former name	es) Firs	t Name	Middle N	 ame	
D Number	Last Name (melade d	any former name	es, 1113	t Name	Wildale N	anne	
Dhara Niverkay	DI Franil Address				_ / / /		
hone Number	BU Email Address			Date of Birth (MM/DD/YYYY)			
Dates of attendance:	_/ to	/_					
(MM/Y	YYY)	(MM/YYYY)					
Degree(s)/Certificate(s) pursu	ued/awarded:						
Dun							
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))	
	□ Form (loan d	iererment, e	etc.—attach form	to this requ	iest)		
Delivery method:	□ Pick up	Pick up					
	Number of copies						
	□ Email	Email address					
	□ Fax						
	□IdX	Fax number(s))				
	□ Mail	(list addresses below)					
		•	,				
Student Signature		Date					
Mailing addresses:							
Name (person, institution or agency)			Name (person, insti	tution or agency)		
Address 1 (Street)			Address 1 (Street)				
Address 2 (Apt/Suite)			Address 2 (Apt/Suit	e)			
Cit.	ZID/Dastal Calla				710/0-4-1-0-4	Country	
City State	ZIP/Postal Code	Country	City	State	ZIP/Postal Code	Country	
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