



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 (written signature or image of signature required) Date

Mailing addresses:

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

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Address 1 (Street)			
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