

BU School of Public Health

Registrar's Office Boston University | School of Public Health 715 Albany St, Talbot 210C | Boston, MA 02118 P (617) 358-3434 Email sphregr@bu.edu

VERIFICATION REQUEST

U			Eisel Massa	NATION NO.		
ID Number	Last Name (include any for	mer names)	First Name	Middle Name		
				./ /		
Phone Number	BU Email Address Date of Birth (MM/DD/YYYY)					
Detec of etternels and		,				
Dates of attendance:	to (MM	/ 1/YYYY)				
Degree(s)/Certificate(s) purs	sued/awarded:					
Program:						
Requested verification:	Enrollment					
	Completion (stud	ents who are offi	cial status before th	ne official graduation date)		
	 Graduation (official graduates on or after the official graduation date) 					
		ment etc —attac	h torm to this room			
	Form (loan deferr		in form to this requi	est)		
Delivery method:	 Form (loan deferr Pick up 			est)		
Delivery method:	Pick up	nber of copies		est)		
Delivery method:	 Pick up Nun Email 	nber of copies		est)		
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Delivery method:	Pick up Nun Email Ema	nber of copies il address(es)		est)		
Delivery method:	Pick up Nun Email Fax Fax Fax	nber of copies		est)		

Student Signature (written signature or image of signature required) Date

Mailing addresses:

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