



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

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 (if requesting mailed copies):

\_\_\_\_\_  
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 \_\_\_\_\_