



Notes for Business Office: _____

VERIFICATION REQUEST FORM

Rush: Next business day- **\$10.00**

Regular: – 7-10 Business Days - **\$3.00**

Last Name	First Name	Middle	Student I.D. Number or SSN
Address			Date of Birth (MM/DD/YYYY)
City	State	Zip Code	Phone Number
Maiden or Other Names		Email Address	
Signature		Today's Date	
<p>I understand that under the Family Educational Rights and Privacy Act (FERPA) of 1974, verification may not be released without the written consent of the student. Verification will not be processed without student signature.</p>			

I am requesting:

- Verification of Enrollment:
- Good Student Insurance Discount
- Special Form to be Complete is attached
- Verification of Non-enrollment

Semester to be verified:

- Spring
- Summer
- Fall
- Winter
- Year: _____

Select type of processing service:

- Regular** (Allow 7-10 business days)
- Rush** (Picked up next business day)

- I will pick up the verification.

Please mail/email this verification to:

Sent to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____

<p>For Office Use Only</p> <p>Completed: _____</p> <p>Pick up/Mail/Email _____</p> <p>Date: _____</p>
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