



Fees due: _____

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:

- | | |
|--|--|
| <input type="checkbox"/> Verification of Enrollment: | <input type="checkbox"/> Special Form to be Complete is attached |
| <input type="checkbox"/> Good Student Insurance Discount | <input type="checkbox"/> Verification of Non-enrollment |

Semester to be verified:

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

Select type of processing service:

- ☐ **Regular** (Allow 7-10 business days) ☐ **Other:** _____
- ☐ **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: _____

For Office Use Only

Completed:

Pick up/Mail/Email

Date: