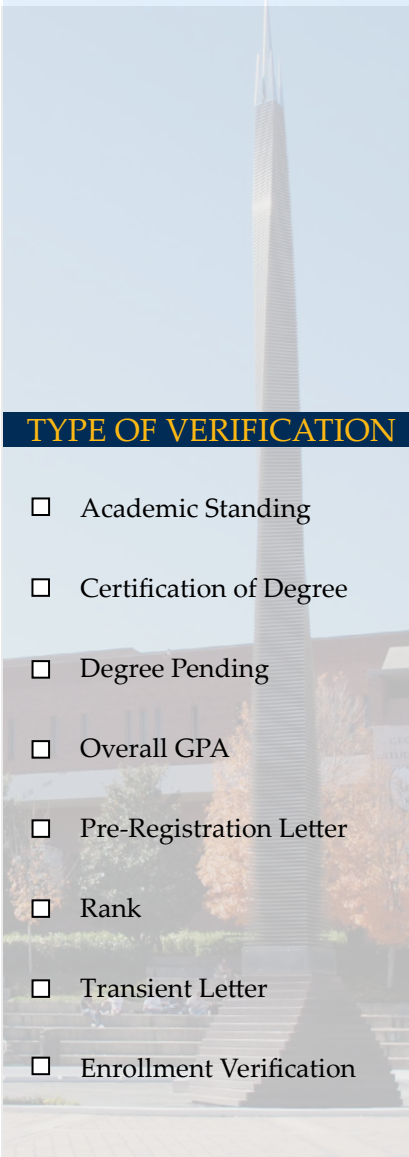


Print Name _____
Last First Middle



GTID# or SSN _____
If SSN, last 4 digits ONLY

Phone Number _____ Birth Date ____/____/____

Email Address _____

Currently Enrolled Yes No

TYPE OF VERIFICATION

- Academic Standing
- Certification of Degree
- Degree Pending
- Overall GPA
- Pre-Registration Letter
- Rank
- Transient Letter
- Enrollment Verification

_____ Number of Copies

Check here to pick up verification in person (PHOTO ID REQUIRED)

Check here to receive verification by email

OR

Mailing Address or Fax _____

Special Instructions: _____

Student Signature: _____ Date: ____/____/____

Received by: _____ Date: ____/____/____

