



OFFICE OF THE REGISTRAR
Verification/Deferment Request

Name _____

Student ID #000_ - _____

Telephone # _____ / _____ - _____

Home address:

Please prepare a letter of verification for me including the following information:

Semester(s) or session(s) to be verified: _____

_____ I would like to PICK UP my Request for Verification (student
will be called when Verification Letter is ready for pick up)

OR

_____ Please mail the letter to the following address:

Name: _____

Address: _____

City, State, Zip: _____

Student signature _____

Date of request _____