



**VERIFICATION REQUEST FORM**  
**(Fax To: 765-641-3015)**

Student ID#: \_\_\_\_\_ Student Name: \_\_\_\_\_

Cell/Campus Phone: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Student Signature and/or Parent Signature

**1. PLEASE  CHECK NEEDED VERIFICATION:**

\_\_\_\_ Car Insurance: (*Cumulative GPA provided*)  
\_\_\_\_ Health Insurance (*Required Information*)  
Parent's Name: \_\_\_\_\_ Parent's SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_ Student Loan Company Name(s): \_\_\_\_\_  
\_\_\_\_ Scholarship Request: \_\_\_\_\_  
\_\_\_\_ Jury Duty: \_\_\_\_\_  
\_\_\_\_ Other: \_\_\_\_\_

**2. PLEASE  CHECK INFORMATION REQUIRED ON VERIFICATION:**

\_\_\_\_ Enrollment Status (*Past & current semester enrollment provided.*)  
\_\_\_\_ Projected Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_ Current GPA  
\_\_\_\_ Semester "Grade Report" for Insurance Company (*unofficial transcript*)

**3. ADDRESS AND/OR FAX # WHERE VERIFICATION WILL BE SENT:**

ATTN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAX NUMBER :(\_\_\_\_\_) \_\_\_\_\_

**Do Not Write in this Box:** Revised 07-30-09  
Office Use Only:  
Mailed: \_\_\_\_\_ / Date: \_\_\_\_\_  
Faxed: \_\_\_\_\_ / Date: \_\_\_\_\_  
Picked up: \_\_\_\_\_ / Date: \_\_\_\_\_  
E-mailed: \_\_\_\_\_ / Date: \_\_\_\_\_  
Processed by- Initials: \_\_\_\_\_