



VERIFICATION REQUEST FORM

1100 East Fifth Street
Anderson, Indiana 46012-3495
(Office Fax: 765-641-3015)

Please complete form and submit to the Registrar's Office.

Student ID#: _____ Student Name: _____
(Please print clearly)

Cell/Campus Phone: _____ Date: _____

(Student Signature Here) _____

1. PLEASE CHECK WHAT YOU NEED VERIFICATION FOR:

- _____ Car Insurance: (*Cumulative GPA provided*)
- _____ Health Insurance (*Required Information*)
- Parent's Name: _____ Parent's SSN: _____ - _____ - _____.
- _____ Student Loan Company (*Please give all name(s):* _____)
- _____ Scholarship Request: _____
- _____ Jury Duty: _____
- _____ Other: _____

2. PLEASE CHECK THE INFORMATION REQUIRED ON VERIFICATION:

- _____ Enrollment Status (*Student's history of past & current dates of enrollment*)
- _____ Projected Graduation Date: (Month) _____ (Year) _____
- _____ Social Security Number: _____ - _____ - _____
- _____ Current GPA
- _____ Semester "***Grade Report***" for Insurance Company (*unofficial transcript*)

3. PLEASE GIVE ADDRESS and/or FAX No. WHERE VERIFICATION WILL BE SENT:

MAILED TO: _____

ADDRESS: _____

PHONE NUMBER: () _____

FAX NUMBER: () _____

Office Use Only: Do Not Write in this Box: Revised 11-18--2009

Mailed: _____ / Date: _____
Faxed: _____ / Date: _____
Picked up: _____ / Date: _____
E-mailed: _____ / Date: _____
Processed by- Initials: _____