Mount Aloysius College
Verification Request Form

Revised 1/15/2014

Date Requested  _______________  Student ID Number  _______________

Student’s Name  ___________________________________________________

Social Security # (last 4 digits)  □□□□  Daytime Phone  __________

Semester you want verified:  Spring  ☐  Summer  ☐  Fall  ☐  Year  ______

Mail to:
Person/Organization  ________________________________________________
Address:  _______________________________________________________
__________________________

OR

Fax to:
Person/Organization  ________________________________________________
Fax Number:  _____________________________________________________

OR

I will pick up in the Registrar’s Office  ☐

Processing time is approximately 3-5 business days

The information that will be included in your letter is:  Student’s name, last four digits of the student’s Social Security Number, degree, program, matriculation date, anticipated graduation date, status as full or part-time and the beginning and ending date of the semester. If you need any additional information, please list it below.

________________________________________________________________________

Office Use Only

Date processed  _____________  Processed by  ____________  Logged by  __________