



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 _____