

Request for Verification Letter

(1) Complete your personal information.

Name _____
Last First Middle Former Name(s)
*Daytime Phone _____
Including Area Code _____ University ID number _____
*Email address _____
Please print _____ *In case we need to contact you with questions about your request

(2) Indicate method of delivery. You can pick up your verification letter or have it mailed to you.

Choose one of the following:

- _____ Pick up in 010 Enrollment Services Center (available in 3 working days - allow 4-5 working days during peak processing times).
Must bring valid Photo ID.
- _____ Mail verification to **complete Name and Address** below: (minimum of 3 working days for processing, mailed First Class USPS). **International Address:** Please write full name and address including Country & Postal Code as it should appear on envelope for delivery.

Full Name or Company _____
Attention to, P.O. Box, } _____
Street address, } _____
Apartment number } _____
City, state, country, _____
Zip code _____

(3) Indicate number of copies

_____ Number of copies requested

(4) Check one or more lines/boxes below for the information you need verified. To verify your enrollment status at ISU, you must be registered or enrolled for courses prior to requesting enrollment verification for a specific term. Full-time, part-time, or less-than-half-time status is based on the number of credits in which a student is registered or enrolled.

_____ Enrollment for term(s): _____ Term/Year (list all semesters to verify)
 List Courses (only available for currently enrolled semesters)
 Display Number of Credits (only available for currently enrolled semesters)
_____ Loan Deferment for Term: _____ Year: _____ Anticipated graduation: _____ Circle one: B M PHD
_____ Cumulative Grade Point Average – GPA (only cumulative available. Semester GPAs available through transcript.)
_____ Degree(s) Awarded: Degree(s) _____ Year(s) _____
_____ Anticipated Degree (provide info for all): Term _____ Year _____ Bachelor's Master's Ph.D.
_____ Good Student Discount (Car Insurance – must have insurance form to attach)
_____ Good Standing
_____ Tuition & Fees (Assessed only for current term - Prior terms: contact Accounts Receivable/0880 Beardshear)
_____ Other information: on lines below, please provide specific information to include such as SSN, UID, schedule with days and times (only available for 2 most recently enrolled semesters), class rank, etc.

(5) Sign the form. Your original signature is required. Typed name is not accepted.

Student Signature

Today's Date

For Office Use Only

Time and date for pick-up: _____ Request Taken by: _____

ID Checked _____ Holds Checked _____ Check registration for current and or future terms _____