



**ATTENDANCE VERIFICATION**  
**REQUEST FORM**

**PERSONAL INFORMATION**

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
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Indicate on my Attendance Verification my "Academic Standing,"      Yes      No

I will **PICK UP** my Attendance Verification

Please **MAIL** my Attendance Verification to:

\_\_\_\_\_

**Street/ PO Box**

\_\_\_\_\_

City	State	Zip Code
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Please **EMAIL/FAX** my Attendance Verification to: \_\_\_\_\_

\_\_\_\_\_  
**Student Signature:** By signing my name above, I confirm I am the individual.

\_\_\_\_\_  
**Date:** (MM/DD/YY)

**PLEASE RETURN THIS FORM TO THE REGISTRAR'S OFFICE**

<b>For Office Use Only</b>	
<b>Date Posted:</b>	<b>Initials:</b>