



ATTENDANCE VERIFICATION
REQUEST FORM

PERSONAL INFORMATION

Student Name: _____

Student ID: _____

Address: _____

_____ City State Zip Code

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

Please **EMAIL/FAX** my Attendance Verification to: _____

_____ Student Signature

_____ Date

PLEASE RETURN THIS FORM TO THE REGISTRAR'S OFFICE

For Official Use Only	
Date Posted:	Initials: