

ATTENDANCE VERIFICATION REQUEST FORM

PERSONAL INFORMATION				
Student Name:				
Student ID:	Date of Birth			
Address:				
City	State		Zip Code	
ndicate on my Attendance Ve	erification my "Acad	emic Standing,"	Yes	No
I will PICK UP my Attend	lance Verification			
Please MAIL my Attenda	ance Verification to:			
	Street/ PO Box			
	City	State	Zip Code	
Please EMAIL/FAX my	Attendance Verifica	tion to:		
Student Signature:By Signing my name. I confirm I am the individual.			Date	
Please R	ETURN THIS FORM TO TH	E REGISTRAR'S OFFICE		
	For Office Use	Only	7	
Date Po			1	