

Verification Request

Today's Date: _____

Full Name: _____

Student ID#: _____ Date of Birth: _____

Other names used while enrolled at TWU: _____

Anticipated Graduation Date: _____

Phone number: _____

TWU e-mail: _____@twu.edu

Alt e-mail: _____

If this is for a Financial Aid Loan Deferment, please include account # _____

Include last 4 of SSN? Yes No

Include D.O.B.? Yes No

Required: Select and complete an option below for where this will be sent when processed:

In Office Pickup

(You will be emailed a notification when it is available for pickup.)

E-mailed: _____

Faxed: () _____

Mailed: ATTN: _____
(Name of recipient)

Address: _____

Address 2: _____

City, State, Zip _____

Please select the type of verification you are requesting:

Enrollment Verification

- Year _____
- Term: Fall Spring
 Summer

(Year and Term must be specified. If for a future term, you must have already registered for courses.)

Residency Status Verification

Degree verification

(Available ONLY after degree has been awarded.)

Letter of Intent to Graduate

(**UNDERGRADUATE** Available ONLY after you have applied for graduation and you are in your final semester. *Graduate students contact the Graduate School*)

Letter of Completion

(**UNDERGRADUATE** Available ONLY after you have applied for graduation AND all degree requirements have been met. All grades must be posted. *Graduate students contact the Graduate School.*)

Non-Attendance

(For students who applied and were accepted, but never attended any courses)

Other type of Verification:

Student Signature

Date

By my signature above, I accept responsibility for the accuracy of all information on this form. I authorize TWU to release this information, including my TWU ID, to the entities I specified.

*If submitting documentation from an outside source, please accompany it with this completed request form.