

VERIFICATION REQUEST FORM

Last Name: _____ First Name: _____ Middle Initial: _____

Other Last Name: _____

Campus Wide ID Number: _____ Student's Phone Number: _____

Expected Graduation Date: _____

Quarter of Verification

Fall
Winter
Spring
Summer

Check one of the following:

Enrollment Verification
Letter for "Good Student Discount"
Letter of Academic Standing
Complete Attached Form
Letter of Non-Attendance (*Provide the following :*)
Date of Birth: _____ Last 4 digits SS#: _____

Please indicate one of the following return options: Pick Up** Mail Email

Name of designated person to pick up documentation: (Identification is required**): _____

If you selected email, please provide the information below:

Email Address: _____

If you selected mail, please provide the information below:

Mailing Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Student's Signature: (Required for release of information)

Date

OFFICE USE ONLY	
_____ Staff Initials	_____ Date Completed

Complete, sign and return form to:
Louisiana Tech University
Office of the University Registrar
P.O. Box 3155, 207 Keeny Hall
Ruston, LA 71272

Email to:
registrar@latech.edu