

Graduate Student Verification Request Form

Name: _____

Former Name (if applicable): _____

Student ID: _____ Date of Birth: _____

Signature: _____

Are you a:

Project Assistant?

Research Assistant?

Teaching Assistant?

Would you like to:

E-mail the form?* (enter your email address) _____

Pick this up? (Mitchell Hall rm 261)

Have it faxed? (enter fax number) _____

Have it mailed?

Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

*Please note: If you are having the form e-mailed, it will not include your SSN or other identifying information such as your DOB or mailing address on it. This is for your protection, in alignment with our FEPPA policy.