

# REQUEST FOR VERIFICATION

STUDENT'S NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

If we have questions we should call: \_\_\_\_\_ at (phone #) \_\_\_\_\_

STUDENT TYPE: \_\_\_ Non-Degree \_\_\_ Undergraduate \_\_\_ Graduate \_\_\_ 5<sup>th</sup> or 6<sup>th</sup> yr Certificate

Select the information to be verified from the list below:

\_\_\_ Semester(s) & Year to be verified: \_\_\_\_\_

\_\_\_ Enrollment status: \_\_\_ Full Time \_\_\_ Part Time (cannot verify for semesters of non-attendance or leave of absence)

\_\_\_ Semester hours currently taking

\_\_\_ Past semester(s) hours taken

\_\_\_ Anticipated graduation date: May \_\_\_\_, Oct \_\_\_\_, Mar \_\_\_\_ (please fill in the year)

\_\_\_ Include social security number

\_\_\_ Degree Earned: Degree \_\_\_\_\_, Major \_\_\_\_\_, Year \_\_\_\_\_

## MAIL TO:

Name of Person and/or Organization other than the student (Required): \_\_\_\_\_

Attention: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Also MAIL copy to:

Name of Person and/or Organization other than the student(Required): \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## FAX TO:

Name of Person and/or Organization other than the student (Required): \_\_\_\_\_

Attention: \_\_\_\_\_

FAX #: \_\_\_\_\_

Also FAX copy to:

Name of Person and/or Organization other than the student(Required): \_\_\_\_\_

Attention: \_\_\_\_\_

FAX #: \_\_\_\_\_

I WILL PICK UP LETTER ON: \_\_\_\_\_ (please check with office staff for pick-up date)

I authorize the University of Vermont to release the information indicated on this form to the above named person(s) or organization(s).

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Mail this completed form to: Registrar's Office  
University of Vermont  
360 Waterman Bldg  
85 South Prospect St  
Burlington, VT 05405-0160

or FAX to: 802 656-8230