



OFFICE OF THE REGISTRAR  
337-7204  
VERIFICATION REQUEST FORM

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Verification of work completion       Verification of degree

Verification of enrollment      quarter: \_\_\_\_\_ or year: \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

pick-up       mail to: \_\_\_\_\_

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

Special Notes: \_\_\_\_\_  
\_\_\_\_\_



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