

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

Student Verification Request Form

Name: _____ Date: _____

Student ID Number: 800 _____ Daytime Phone Number: _____

Email Address: _____ Date of Birth: _____

Please indicate purpose of student verification:

- Letter of Non-Attendance
- Degree Verification (Current term degrees may take up to 4 weeks to be awarded.)
- Student Loan Deferment (Request will be held and processed during the third week of the term.)
- Good Student Insurance Discount
- Health Insurance
- Military ID (Anticipated graduation date is required.)
- Scholarship Application
- Other: _____

Please indicate the term and year for which student verification is requested:

- Spring _____ (year)
- Summer _____ (year)
- Fall _____ (year)

Please indicate other information to be verified in the letter:

- Enrollment Status
- Degree & Major Program
- Academic Standing
- Cumulative Grade Point Average
- Anticipated Graduation Date (will only be reported if term and year are listed below)
 - Term and Year: _____
- Other: _____

Please indicate the preferred delivery method: (Please allow 2 - 4 business days for processing.)

- Picked up by student in the Service Center, Rendleman Hall, Room 1309 (must show photo ID)
- Picked up by a third party in Service Center (A specific name must be listed and third party must show photo ID.) Name: _____
- Faxed to following number: _____
 - Attention: _____
 - Organization: _____
- Emailed to the following email address: _____
 - Attention: _____
- Mailed to following address:
 - Name: _____
 - Address: _____
 - City/State/Zip: _____

Student Signature: _____