

# MID-CONTINENT UNIVERSITY

*Office of the Registrar*

## Verification Request Form

**Please Print Legibly**

Name \_\_\_\_\_ SS # \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street/ PO Box City State Zip

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

<b>Mail to:</b>
Name: _____
Address: _____
City, State, Zip: _____
<b>Fax to:</b>
Name: _____
Fax Number: (_____) _____

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*Note: All requests for verification will be processed with in 72 hours.**

***For Office Use Only:***

Contacted By: Letter \_\_\_\_\_ Phone \_\_\_\_\_ Person \_\_\_\_\_ Fax \_\_\_\_\_

Date Issued \_\_\_\_\_ Faxed Date: \_\_\_\_\_ Completed By \_\_\_\_\_

Updated 4/16/09