



Southeast Verification Request

College of Nursing
& Health Sciences

Name _____ Date of Birth _____

Check one:

I will pick up from the Registrar/Front Desk

I authorize _____ to pick it up.

Fax to Number: _____

Attention: _____

Mail to: _____

Email to: _____

Please specify what you would like verified. Attach any additional paperwork to this form.

Full/Half time Enrollment for _____
Semester year

Graduation Verification _____
Graduation date program

Fill out attached form

Provide a reference letter

Other _____

Signature _____ Date _____