

# Elms College

## VERIFICATION REQUEST FORM

Please allow at least 3-5 working days for processing.

Print your name and address in space below:

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First MI

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAJOR: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ANT. GRAD DATE: \_\_\_\_\_

Last four of Social Security #: \_\_\_\_\_ Signature: \_\_\_\_\_

Please Check: Student Pick Up \_\_\_\_\_  
or Mail \_\_\_\_\_

**\*\*Please list which semester you need Verified below:**

Attn:/Fax # \_\_\_\_\_

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

FORWARD TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Office Use Only:**

Date: \_\_\_\_\_

Initials \_\_\_\_\_

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