Elms College

VERIFICATION REQUEST FORM

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

Print your name and address in space below:

NAME: ___________________________________________________ PHONE:  __________________

ADDRESS:________________________________________________ MAJOR:  _________________

City ______________________ State ___________ Zip Code _________

ANT. GRAD DATE:________________________

Last four of Social Security #: __________ Signature: ____________________________

Please Check: Student Pick Up ______ **Please list which semester you need Verified below:

or Mail ______

Attn:/Fax #___________________________________________________________

FORWARD TO: _______________________________________________________

FOR Office Use Only: 
Date: __________
Initials _________

Elms College

VERIFICATION REQUEST FORM

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

Print your name and address in space below:

NAME: ___________________________________________________ PHONE:  __________________

ADDRESS:________________________________________________ MAJOR:  _________________

City ______________________ State ___________ Zip Code _________

ANT. GRAD DATE:________________________

Last four of Social Security #: __________ Signature: ____________________________

Please Check: Student Pick Up ______ **Please list which semester you need Verified below:

or Mail ______

Attn:/Fax #___________________________________________________________

FORWARD TO: _______________________________________________________

FOR Office Use Only: 
Date: __________
Initials _________

Registrar's Forms/ Verification Request