

SOUTHEASTERN

LOUISIANA UNIVERSITY

Office of the Registrar
(985)549-2244

VERIFICATION REQUEST FORM

Date:

Student's Last Name:

Student's First Name:

Middle Initial:

Last Name Used as a Student (if different):

Birthdate:

Social Security Number or W#:

Student's Phone Number:

Must check at least one of the following:

Semester of Verification:

Year Spring
 Summer
 Fall

Anticipated Graduation Date:
(For students who have applied for graduation)

- Enrollment Verification
- Standing Verification
- Verification of Registration
- Prospective Graduate
- Verification of Degree
- Proof of Non-Attendance

Other:

Delivery Method: **Pick Up**** **Mail** **Fax** **E-mail**

**Name of designated person to pick up documentation: (Identification is required):

Please include the destination address, fax number, or e-mail address:

Name of Recipient:

Mailing Address:

City, State, and Zip:

Fax Number:

E-mail:

Student's Signature: (Required for release of information)

Date

OFFICE USE ONLY:

Completed by

Date completed

Complete, sign, and submit form via mail, fax, or email to:
Southeastern's Office of the Registrar
SLU 10752
Hammond, LA 70402
Fax:
(985) 549-5632
Email:
Registrar@southeastern.edu