



STUDENT VERIFICATION FORM

Office of the Registrar, 3800 Victory Parkway, Cincinnati OH 45207-3131, phone 513 745-3941, fax 513 745-2969

Student's social security #: _____ Date submitted: _____

Student's name: _____

Student's phone #: _____

Please check type(s) of verification needed: _____ dates of enrollment _____ anticipated graduation date: _____

Semester for which verification needed: Fall _____ Spring _____ Summer _____ Year _____

NOTE: For verification to be processed, you must be enrolled in classes for the requested semester(s).

Other Info: _____

Please check: Mail _____ Pick-up _____ Fax _____ Fax # & name of individual _____

If mailed:
name & _____
address _____

Office use only: Initials & date completed

Please be advised there is a 3 day waiting period for all verifications.