Verification Request Form

Office of the University Registrar
1100 E. 5th St., Anderson, IN 46012-3495
Phone: 765.641.4169 Fax: 765.641.3015

ANDERSON UNIVERSITY
Academic and Christian Discovery

Name_____ _____
LAST FIRST MIDDLE PREVIOUS/MAIDEN

Cell/Home Phone (_____) _____-_____ **Student ID**_____

Student Signature_____ **Date**_____

Purpose of Verification

☐ Car Insurance (Cumulative GPA provided)
☐ Health Insurance
Parent's Name _____
☐ Deferment for Student Loan Company
*Please list all company names*_____
☐ Scholarship _____
☐ Jury Duty _____
☐ Other _____

Information Required on Verification

☐ Enrollment Status (past and/or current enrollment dates)
☐ Projected Graduation Date: Month_____ Year_____
☐ Social Security Number: _____-_____-_____
☐ Current GPA
☐ Grade Report (unofficial transcript)

Send ☐ Mail ☐ Fax ☐ Pick Up

Attn _____

Company _____

Address_____
STREET

_____
CITY STATE ZIP CODE

Fax (_____) _____-_____

*Process Date:*_____

*By:*_____