

A.T. STILL UNIVERSITY | **ATSU**

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Verification Request Form (Please circle the type of letter requested)
Acceptance/ Enrollment/Good Standing/Completion/Graduation
(Allow 2-4 days processing)

Name (Please Print) _____

Contact Information- E/mail or Phone _____

Graduation Year/Expected Grad Year _____ Program _____

Student Signature _____

Social Security Number (If desired on letter) _____

Mail to:
Name _____

Fax to:
Name _____

Address _____

Fax number _____

City, State, Zip Code _____

Phone _____

Letter will include your name, social security number (if requested), dates of enrollment, graduation dates and degree earned or expected graduation date; school enrolled at, accepted to, or graduated from; and statement of good standing, if applicable. Please specify below additional information to be included in the letter.

<u>OFFICE USE ONLY</u>	
ID# _____	Program _____
Start Date _____	Completion _____
Graduation _____	Date Mailed _____