Tuskegee University  
Office of the Registrar  
136 Kresge Center  
Tuskegee, AL 36088

REQUEST FOR A LETTER OF VERIFICATION

INSTRUCTIONS:
1. PRINT FULL NAME
2. GIVE YOUR STUDENT ID NUMBER
3. BRIEFLY DESCRIBE YOUR REQUEST AND INDICATE TERMS/TERM YOU WANT VERIFIED
4. INDICATE IF THE LETTER IS TO BE PICKED UP, FAXED OR MAILED. PLEASE PRINT CLEARLY THE MAILING ADDRESS AND/OR FAX NUMBER
5. ALLOW 5 TO 7 WORKING DAYS

| NAME: ___________________________ | ID ___________________________

TYPE OF REQUEST (✓) THE APPROPRIATE BOX/BOXES
☐ Enrollment Verification or
☐ Complete Enrollment History

Brief Description: ____________________________________________________________

CHECK (✓) THE APPROPRIATE BOX/BOXES:
☐ Pick up  ☐ Fax to __________________________
☐ Mail to ______________________________________

____________________________________________________

Date Requested: ___________________________ Date Completed: ___________________________

Student Signature: ___________________________ Date Picked up: ___________________________