

**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: _____
