

**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 & INDICATE TERMS/TERM YOU WANT VERIFIED**
4. **INDICATE IF THE LETTER IS TO BE PICKED UP, FAXED OR MAILED. PLEASE PRINT THE MAILING ADDRESS AND/OR FAX NUMBER CLEARLY.**
5. **ALLOW 5 TO 7 WORKING DAYS**

NAME:

ID:

TYPE OF REQUEST (X) THE APPROPRIATE BOX/BOXES

TYPE OF REQUEST

ENROLLMENT VERIFICATION

COMPLETE ENROLLMENT HISTORY

DETAILED DESCRIPTION:

CHECK (X) THE APPROPRIATE BOX/BOXES

FAX NUMBER(IF APPLICABLE)

PICK UP

FAX TO

MAIL TO

MAIL TO(IF APPLICABLE)

**DATE
REQUESTED**

**DATE
COMPLETED**

**STUDENT
SIGNATURE**

**DATE PICKED
UP**