Texas Woman's University Office of the Registrar

Doc Type:	VOE
Description:	
For office use only	

## **Verification Request**

Today's Date:	Please select the type of verification
	you are requesting:
Full Name:	
Student ID#: Date of Birth:	Enrollment Verification
Other names used while enrolled at TWU:	o Year
Anticipated Graduation Date:	—— Fall
Phone number:	Spring Summer
TWU e-mail: @tw	u.edu Residency Status Verification Degree verification
Alt e-mail:	Letter of Intent to Graduate (UNDERGRADUATE Available ONLY after you
If this is for a Financial Aid Loan Deferment include account #Include SSN? Include D.O.B.?	have applied for graduation and you are in your final semester. Graduate students contact the Graduate School)  Letter of Completion  (UNDERGRADUATE Available ONLY after you
Letter to be Picked up (emailed to notify of availabili E-mailed:	(For students that applied and were accepted.
Faxed: ( <u>)</u>	Other type of Verification:
ATTN:	
Mailed:	<del></del>
Student Signature	 Date

By my signature above, I accept responsibility for the accuracy of all information on this form. I authorize TWU to release this information, including my TWU ID, to the entities I specified.

<sup>\*</sup>If submitting documentation from an outside source, please accompany with this completed request form.

<sup>\*\*</sup>If digitally signed, this form must be sent from your TWU e-mail in order to be processed.