

## STUDENT VERIFICATION REQUEST FORM

You may download this form and mail it to Lincoln College, Office of the Registrar, 300 Keokuk, IL, 62656 or you may fax this form to the Office of the Registrar at (217) 732-2992. Usual processing time is 3 – 5 working days. Please contact the Office of the Registrar at (217) 732-3155 Ext. 243 with any questions regarding this form.

### PLEASE COMPLETE THE FOLLOWING:

_____ Printed Name			_____ Student ID Number		
_____ Address			_____ Name at Time of Attendance		
_____ City	_____ State	_____ Zip code	_____ Date of Birth (mm/dd/yyyy)	_____ Dates of Attendance	
_____ Phone			_____ E-mail		
_____ [PURPOSE OF THIS REQUEST]					

### CHECK THE INFORMATION TO BE INCLUDED ... (Highlighted items below are considered *Directory Information*):

<input type="checkbox"/> Semesters/Terms to be Verified: _____	<input type="checkbox"/> Year(s) to be Verified: _____		
<input type="checkbox"/> Enrollment Status	<input type="checkbox"/> Degree	<input type="checkbox"/> Anticipated Graduation Year & Term	
<input type="checkbox"/> Term Grade Point Average	<input type="checkbox"/> Career Grade Point Average	<input type="checkbox"/> Academic Standing	<input type="checkbox"/> Total Hours Earned
<input type="checkbox"/> Other: _____			

### CHECK ONE:

<input type="checkbox"/> Pick-up	<input type="checkbox"/> Fax to: _____ Fax Number	
<input type="checkbox"/> Mail to: _____ Name		
_____ Address		
_____ City	_____ State	_____ Zip Code

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

FOR OFFICE USE ONLY

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Processed

\_\_\_\_\_  
Registrar's Office Signature