

STUDENT VERIFICATION REQUEST FORM

You may download this form and mail it to Lincoln College, Office of the Registrar, 715 Raab Road, Normal, IL 61761 or you may fax this form to the Office of the Registrar at (309) 268-4345. Usual processing time is 3 – 5 working days. Please contact the Office of the Registrar at (309) 268-4356 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
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