

Verification Request Form

Records, Registration, & Veteran Services Office
3838 Livernois Road, P.O. Box 7006, Troy, MI 48007-7006
P 248-823-1660 ■ F 248-823-1662 ■ records@walshcollege.edu



ID#	Name	
Home#	Business#	Cell#

I would like to request the following information in letter format.

Recipient Company: _____

Recipient Name: _____

Please check all that apply.

<input type="checkbox"/> Candidate for graduation	<input type="checkbox"/> Course	<input type="checkbox"/> Enrollment status
<input type="checkbox"/> Class ranking	<input type="checkbox"/> Degree recipient	<input type="checkbox"/> GPA
<input type="checkbox"/> Other/additional information (Please explain.)		

Verification letters will be processed within 24-48 business hours. For security reasons, we cannot fax anything with grades, GPA, SSN, and/or student ID#.

<input type="checkbox"/> Will pick up on _____
<input type="checkbox"/> Fax to _____
<input type="checkbox"/> Mail (Please provide complete address.)

Name

Address

City, State Zip

Signature (required for processing) _____

Date

