

Verification—Certification Request

For insurance, financial, legal, etc. reporting purposes:

- Enrollment Status
- Class Schedule
- Good Student Insurance Discount
- Scholarship Application
- Admissions Application
- Miscellaneous Certifications

Please clearly print all information.

Student Name _____	Student ID# _____
Anticipated Graduation Date: JAN MAY SUM DEC 20 ____	Year Entered Taylor/Catalog Year: _____
Major(s): _____	Degree: BA BS Other: _____
Student Signature _____	Date _____

By signing this request form, I authorize Taylor University to release my student information as directed below.

Verification—Certification Request

Check all that apply.

- Enrollment Verification for: Fall 20 ____ Interterm 20 ____ Spring 20 ____ Summer 20 ____
- Include Current Class Schedule
- Include Special Information: _____
- Certify and Sign Attached Form
- Prepare Letter Regarding: _____

Handling

Check all that apply.

- Mail to:** _____ **Hold for Pick Up**
- Organization:* _____
- Address:* _____

- FAX to #:** _____
- Name/Attention:* _____
- Organization:* _____
- E-Mail to:** _____
- Name/Attention:* _____
- Organization:* _____