

Verification Request Form (1/2018)

Lee Student ID: _____ Date: _____

First Name: _____

Middle Name: _____

Last Name: _____

Best Contact Number: _____

Email Address: _____

Verification Type: Please Check All That Apply

- Enrollment Verification
- Pre-registration for Upcoming Semester
- Anticipated Graduation Date (**must provide date**): _____
- Degree Verification
- Good Student Discount (provide form from insurance company)
Note: This option may involve release of grades and/or GPA for insurance purposes.

Mailing Instructions: Please Fill Out Completely!

- Pick up
- Fax – Number: _____ Attn: _____
- Postal Mail:
Name: _____
Address: _____

Send the completed form to one of the options below:

- records@leeuniversity.edu
- Fax (423)614-8204 *call 423-614-8200 to confirm receipt of fax
- Lee University Records Office
PO BOX 3450
Cleveland, TN 37320-3450

Student Signature (Required):
