

## Verification Request Form (12/2018)

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: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Postal Mail:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Send the completed form to one of the options below:

- [records@leeuniversity.edu](mailto: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):

\_\_\_\_\_

