



# FISHER COLLEGE

OFFICE OF THE REGISTRAR

## Verification Form

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Name of Student: \_\_\_\_\_

ID Number: \_\_\_\_\_

Date of Attendance: \_\_\_\_\_

(If before 1992, list where attended)

Campus Attended:       Day               Division of Accelerated & Professional Studies  
                                  Graduate Studies

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Verification Letter:     Mail             E-mail         Fax         Pick up on: \_\_\_\_\_

Send verification to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_