



FISHER COLLEGE

OFFICE OF THE REGISTRAR

Verification Form

Name of Student: _____

ID Number: _____

Date of Attendance: _____

(If before 1992, list where attended)

Campus Attended: Boston Campus Graduate and Professional Studies
 Graduate Program

Verification Letter: Mail E-mail Fax Pick up on: _____

Send verification to: _____

Telephone #: _____ E-mail Address: _____

Student Signature: _____ Date: _____