OFFICE OF SCHOOL LEADERSHIP
615 W. Missouri AvenueMidland, Texas 79701
Office: 432-240-1301|amber.day@midlandisd.net

STUDENT VERIFICATION FORM

Date: _____

Receiving Campus: _____

City, State: _____

Contact office & fax #: _____

Please verify that the following student has enrolled at your school/institution **and** has attended at least **one day of class**.

Student Name: _____

Date of Birth:_____Grade: _____

Receiving campus please complete the following, sign and return.

_____ The above named student **has enrolled and is attending** our campus for the **2026-2027** school year.

First day of Attendance: _____
MM/DD/YEAR

_____ The above named student **is not currently attending** our campus, *but* was most recently enrolled from_____to_____.

_____ The above named student **has never attended** our campus.

Receiving district verifier: _____
Please print name and title

Receiving district verifier signature: _____

Please return this completed document to the campus where the student was last enrolled, the Midland ISD School Leadership office at 615 W. Missouri Ave. (6th Floor) Midland, TX 79701 or by email: leaver@midlandisd.net.

Thank you for your assistance and cooperation in assuring student success.

Amber Day

Director of Leadership

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