IOWA STATE UNIVERSITY

Request for Verification Letter

Office of the Registrar 2433 Union Drive 010 Enrollment Services Center Ames, IA 50011-2011

E-mail: verifications@iastate.edu

Phone 515-294-1840, Ext. 7 Fax: 515-294-2034

	First	Middle	Former Name(s)
ytime Phone uding Area Code		Un	versity ID number
nail address ase print		*In	case we need to contact you with questions about your request
Indicate method of del	livery. You can pick up your v	verification letter or have	it mailed to you.
hoose one of the followi	ng:		
Pick up in 010 Enrol Must bring valid Pho		lable in 3 working days	allow 4-5 working days during peak processing times).
	al Address: Please write full		working days for processing, mailed First Class ding Country & Postal Code as it should appear on
Full Nam	e or Company		
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,,	Zip code ———		
Indicate number of c	copies		
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