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 Fax: 515-294-1088

(1) Complete your personal information. First Middle Former Name(s) Last *Daytime Phone Including Area Code_ University ID number_ *Email address Please print_ *In case we need to contact you with questions about your request (2) Indicate method of delivery. You can pick up your certification letter or have it mailed to you. Choose one of the following: Pick up in 214 Enrollment Services Center (available in 3 working days) (an email will be sent to you when letter is ready for pick up - a valid photo ID is required) Mail certification to complete Name and Address below: (minimum of 3 working days for processing, mailed First Class USPS). International Address: Please write full name and address including Country & Postal Code as it should appear on envelope for delivery. **Full Name or Company** Attention to, P.O. Box, Street address, Apartment number City, state, country. Zip code (3) Indicate number of copies Number of copies requested (4) Check one or more lines/boxes below for the information you need verified. To verify your enrollment status at ISU, you must be registered or enrolled for courses prior to requesting enrollment verification for a specific term. Full-time, part-time, or less-than- half-time status is based on the number of credits in which a student is registered or enrolled. Enrollment for term(s): Term/Year (list all semesters to verify) List Courses (only available for currently enrolled semesters) Display Number of Credits (only available for currently enrolled semesters) Full Schedule with Days and Times (only available for 2 most recently enrolled semesters) Loan Deferment (letter will be attached to Deferment Form provided by student) (Provide current term & graduation date) Cumulative Grade Point Average - GPA (only cumulative available. Semester GPAs available through transcript.) _Degree(s) Awarded: Degree(s)______Year(s) ____ Anticipated Degree (provide info for all): Term_____ ____Year_ ☐ Bachelor's ☐ Master's ☐ Ph.D. Good Student Discount (Car Insurance – must have insurance form to attach) **Good Standing** Tuition & Fees (Assessed only for current term - Prior terms: contact Accounts Receivable/0880 Beardshear) Other information: on lines below, please provide specific information to include such as SSN, UID, class rank, etc.) (5) Sign the form. Your original signature is required. Typed or scanned images are not accepted. Student Signature Today's Date For Office Use Only Time and date for pick-up:_____ Request Taken by:____

______ Holds Checked______**Check registration for current and or future terms___