



THE UNIVERSITY OF
SOUTHERN MISSISSIPPI

OFFICE OF THE UNIVERSITY REGISTRAR

REQUEST FOR LETTER OF VERIFICATION

NOTE: All letters will include: Name, Social Security Number, Major,
Dates of Enrollment, Full-time or Part-time status.

VERIFICATIONS CANNOT BE FAXED DUE TO FEDERAL PRIVACY LAWS.

NAME: _____ **STUDENT ID NUMBER** _____
PLEASE PRINT

***REQUIRED NAME OF COMPANY STUDENT IS SUBMITTING DOCUMENTATION TO:** _____

INFORMATION NEEDED:
PLEASE CHECK ALL THAT APPLY

_____ _____ _____ _____	<p>HISTORY OF ENROLLMENT AT SOUTHERN MISS (INCLUDES DEGREE(S) EARNED)</p> <p><input type="checkbox"/> CHECK BOX IF YOU NEED ANTICIPATED DATE OF GRADUATION INCLUDED ON VERIFICATION</p> <p>PROVIDE DATE _____ / _____ / _____ <small>MONTH YEAR</small></p> <p>LETTER OF GOOD STANDING</p> <p>OFFICIAL CLASS SCHEDULE</p> <ul style="list-style-type: none"> CIRCLE ALL SEMESTERS YOU WANT PRINTED SPRING SUMMER FALL <p>DEGREE PENDING LETTER (ANTICIPATING GRADUATING & NEED TO PROVE TO A COMPANY)</p> <p>LETTER OF NON-ATTENDANCE</p> <p>DATE OF BIRTH ____/____/____ LAST FOUR OF SSN _____</p>
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CHECK BOX FOR THE METHOD OF DELIVERY YOU PREFER
PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/> POSTAL MAIL: <small>PROVIDE MAILING ADDRESS OF COMPANY BELOW (OR YOU CAN OPT TO MAIL TO SELF)</small>	<input type="checkbox"/> EMAIL: <small>PROVIDE EMAIL ADDRESS OF COMPANY BELOW (OR YOU CAN OPT TO EMAIL TO SELF)</small>	<input type="checkbox"/> OPT TO PICK UP <small>WILL RECEIVE EMAIL WHEN READY FOR PICK UP</small>
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*** REQUIRED SIGNATURE** _____ **DATE** _____

Please return your form by any method below:

Postal Mail:

The University of Southern Mississippi
Office of the University Registrar
118 College Drive #5006
Hattiesburg, MS 39406

Email:

registrar@usm.edu

Fax:

(601) 266-5816

REGISTRAR OFFICE PERSONNEL ONLY	
PROCESSED BY: _____	DATE: _____