



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

_____ **HISTORY OF ENROLLMENT AT SOUTHERN MISS** (INCLUDES DEGREE(S) EARNED)
 CHECK BOX IF YOU NEED ANTICIPATED DATE OF GRADUATION INCLUDED ON VERIFICATION
PROVIDE DATE _____ / _____ / _____
MONTH YEAR
 CHECK BOX IF YOU NEED GPA INCLUDED ON VERIFICATION

_____ **LETTER OF GOOD STANDING**
_____ **OFFICIAL CLASS SCHEDULE**
• **CIRCLE ALL SEMESTERS YOU WANT PRINTED** **SPRING** **SUMMER** **FALL**
_____ **DEGREE PENDING LETTER** (ANTICIPATING GRADUATING & NEED TO PROVE TO A COMPANY)
_____ **LETTER OF NON-ATTENDANCE**
DATE OF BIRTH ____/____/____ LAST FOUR OF SSN _____

CHECK BOX FOR THE METHOD OF DELIVERY YOU PREFER
PLEASE CHECK ALL THAT APPLY

POSTAL MAIL: PROVIDE MAILING ADDRESS OF COMPANY BELOW (OR YOU CAN OPT TO MAIL TO SELF)
 EMAIL: PROVIDE EMAIL ADDRESS OF COMPANY BELOW (OR YOU CAN OPT TO EMAIL TO SELF)
 OPT TO PICK UP WILL RECEIVE EMAIL WHEN READY FOR PICK UP

*** 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:** _____