

## Verification—Certification Request

## For insurance, financial, legal, etc. reporting purposes:

- Enrollment Status
- Scholarship Application
- Class Schedule
- Admissions Application

Student Name Student ID#  Anticipated Graduation Date: JAN MAY SUM DEC 20 Year Entered Taylor/Catalog Year:  Major(s): Degree: BA BS Other:  By signing this request form, I authorize Taylor University to release my student information as directed below.  Student Signature Date  Verification—Certification Request  Check all thet apply.    Enrollment Verification for: Fall 20 Interterm 20 Spring 20 Summer 20      Include Current Class Schedule   Include Special Information:   Certify and Sign Attached Form     Prepare Letter Regarding:    Handling  Check all thet apply.   Mail to:	Please clearly print all information.	Good Student Insurance Discount     Miscellaneous Certifications
Major(s):	Student Name	Student ID#
By signing this request form, I authorize Taylor University to release my student information as directed below.  Student Signature	Anticipated Graduation Date: JAN MAY SUM DEC 20	Year Entered Taylor/Catalog Year:
By signing this request form, I authorize Taylor University to release my student information as directed below.  Student Signature	Major(s):	Degree: BA BS Other:
Verification—Certification Request		
Check all that apply.    Enrollment Verification for:	Student Signature	Date
Enrollment Verification for:	Verification—Certification Request	
□ Include Current Class Schedule   □ Include Special Information:   □ Certify and Sign Attached Form   □ Prepare Letter Regarding:    Handling  Check all that apply.  □ Mail to: □ Organization: Address: □ FAX to #: Name/Attention: □ Name/Attention: □ Name/Attention:	Check all that apply.	
Include Special Information:   Certify and Sign Attached Form   Prepare Letter Regarding:   Handling   Check all that apply.   Hail to:   Hold for Pick Up   Organization:   Address:   FAX to #:   Name/Attention:   Name/Attenti	☐ Enrollment Verification for: ☐ Fall 20 ☐ Inter	term 20 Spring 20 Summer 20
Certify and Sign Attached Form Prepare Letter Regarding:  Handling Check all that apply.  Mail to: Organization: Address:  FAX to #: Name/Attention:	☐ Include Current Class Schedule	
Prepare Letter Regarding:	☐ Include Special Information:	
Handling  Check all that apply.  Mail to:  Organization:  Address:  FAX to #:  Name/Attention:	☐ Certify and Sign Attached Form	
Check all that apply.    Mail to:	☐ Prepare Letter Regarding:	
Check all that apply.    Mail to:		
Check all that apply.    Mail to:		
Check all that apply.    Mail to:		
Check all that apply.    Mail to:	Handling	
☐ Mail to:         ☐ Hold for Pick Up           Organization:		
Organization:  Address:		☐ Hold for Pick Up
Address:		
□ <b>FAX</b> to #:  Name/Attention:	Organization:	<u></u>
Name/Attention:	Address:	
Name/Attention:		
Name/Attention:		
Organization:		
	Organization:	
☐ E-Mail to:	☐ E-Mail to:	
Name/Attention:	Name/Attention:	
Organization:	Organization:	
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