

LIBERTY UNIVERSITY
Registrar's Office

Date _____

Student Verification Request Form

Name _____ ID# _____ Box # _____

Program: AA BA BS DMin MA MAR MBA MDiv MED MRE THM EdD PhD

I would like a verification letter sent with the following information:

_____ Full-time enrollment _____ Part-time enrollment _____ Academic standing

Semester(s) Fall _____ Spring _____ Summer _____

Classification _____ Anticipated Graduation Date _____

Please send to: _____

(SIGNATURE)

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