Southeast Missouri State University
Office of the Registrar
Verification Request Form

Name___________________________ Date of Birth ________________

Southeast ID: S0_________________ Phone:________________________

Undergraduate Student ______
Graduate Student ______ Are you a Graduate Assistant? ______

Check One:
___ Will pick up
___ Fax to: __________________ Attn: __________________
    Fax #: __________________
    (a $2.00 faxing fee will be charged to the student’s account)
___ Mail to: __________________
    __________________
    __________________
___ Email to: __________________

Please specify what you would like verified.
Attach any additional paperwork to this form.

___ Full/Half time Enrollment for __________/__________
    (semester: fall, spring, summer) (year)

___ Graduation Verification for __________/__________
    (students who have graduated) (semester: fall, spring, summer) (year)

___ Fill out attached form

___ Other: __________________
    (Include specific information, i.e. GPA, good standing, anticipated
    graduation, total hours, Good Student Discount, etc.)

Signature_____________________________________ Date___________

Mail or Fax this Form to:
Southeast Missouri State University
Office of the Registrar
One University Plaza, MS 3760
Cape Girardeau, MO 63701
Office: 573-651-2250 Fax: 573-651-5155