Southeast Missouri State University
Office of the Registrar

Verification Request Form
*Please allow a minimum of 2 business days for processing your request

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

___ Official Schedule for ________________/________
   (semester: fall, spring, summer) (year)

___ Other: __________________________________________
   (Include specific information, i.e. GPA, good standing, anticipated graduation date, total hours, etc.)

Signature_______________________________ Date______________

Mail or Fax this Form to:
Southeast Missouri State University
Office of the Registrar
One University Plaza, MS3760
Cape Girardeau, MO 63701
Office: 573-651-2250 Fax: 573-651-5155