

A.T. STILL UNIVERSITY | **ATSU**

Office of the Registrar  
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Phone: 660.626.2356 Fax: 660.626.2926  
E-mail: [registrars@atsu.edu](mailto:registrars@atsu.edu)

**Verification Request Form (Please circle the type of letter requested)**  
**Acceptance/ Enrollment/Good Standing/Completion/Graduation**  
(Allow 2-4 days processing)

Name (Please Print) \_\_\_\_\_

Contact Information- E/mail or Phone \_\_\_\_\_

Graduation Year/Expected Grad Year \_\_\_\_\_ Program \_\_\_\_\_

Student Signature \_\_\_\_\_

Social Security Number (If desired on letter) \_\_\_\_\_

**Mail to:**  
Name \_\_\_\_\_

**Fax to:**  
Name \_\_\_\_\_

Address \_\_\_\_\_

Fax number \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Letter will include your name, social security number (if requested), dates of enrollment, graduation dates and degree earned or expected graduation date; school enrolled at, accepted to, or graduated from; and statement of good standing, if applicable. Please specify below additional information to be included in the letter.

\_\_\_\_\_  
\_\_\_\_\_

<b><u>OFFICE USE ONLY</u></b>	
ID# _____	Program _____
Start Date _____	Completion _____
Graduation _____	Date Mailed _____