

## STUDENT ATTENDANCE VERIFICATION FORM

*Please fill in the following information. The Registrar's Office Personnel will verify your attendance status.*

Student name: \_\_\_\_\_

Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Student signature (required)

Date

### FOR REGISTRAR'S OFFICE USE ONLY

Dates of attendance \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Currently attending     Yes:     Full time     Part time

No

If student is advance-registered for a semester, please include information here:

\_\_\_\_\_

R.O. initials \_\_\_\_\_

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