Request for Verification Form

Instructions:

Student should fill out the Verification Form and follow the steps below:

- 1. Log on to your Student Services Center
- 2. Click the green make a payment/view e-bill box
- 3. Select Verification Form
- 4. Click Add to Basket and proceed to complete payment
- 5. Email the completed and signed form to registrar@csustan.edu

| University ID # | | | | |
|--|---|----------------------------|---------|-------------|
| Print Name | | | | |
| | | | | Middle |
| Email address | | | Phone # | |
| Indicate type of verification | n – check all boxes that apply | | | |
| Enrollment verifice Graduation ap Degree verifice Early Start verification Other Indicate pick up or mailing Pick up verifice Mail verification | rification – indicate term year plication verification ation ification on g verification ation at the Enrollment Services C n form to the following address: | ffice – requires identific | ation | |
| Sena to: | | | | - |
| | | | | - |
| | | | | - |
| Student's signature | | | | Date |
| | | | | ES:05/10/16 |
| | | | | |

| CASHIER'S Use Only – code 0509 | | | | |
|--------------------------------|--|--|--|--|
| Date fee paid | | | | |
| Receipt # | | | | |
| Received by | | | | |