

Student Status Verification Form

Student ID/SS#		Date of Birth		Phone			
Current/Former Name							
Attendance/Graduation Year(s) Ins		tution (Check One)		Program (Check O	Program (Check One)		
		Loyola University	Mt. St. Agnes	S Undergra	aduate Graduate		
Information for Verification							
Mail To /Fax Information:							
Pickup Date (allow 72 hrs.) Student's Signat		ure			Date		
			J				
		DECORDS OFFI	NE LICE ONLY				
Comments	_	RECORDS OFFIC	E USE UNLY -				
Date Verified	Mari	fier's Initials		Data Mailed /if ann	liaahla)		
Date verilled	Veri	ners mitials		Date Mailed (if applicable)			