



ENROLLMENT/DEGREE VERIFICATION FORM

University of South Alabama
College of Medicine
Office of Student Records
1005 Medical Sciences Building
Mobile, Alabama 36688-0002
Fax: 251-460-6761

- Instructions:
- * Form must be filled out completely
 - * Please print legibly
 - * Use one form for each request

PRINT Full Name:			
	First	Middle	Last
Social Security # OR Student ID #		Day Time Phone #	Anticipated Graduation Date

STUDENT'S SIGNATURE

DATE OF REQUEST

All enrollment and degree verification requests are processed on Friday.

To be faxed:

To be mailed:

To be picked up by student:

Company Name:	
To the attention of:	
Fax Number:	
Address:	
Information to be contained in the letter:	
Purpose of the request:	