IOWA STATE UNIVERSITY

Request for Verification Letter

Office of the Registrar 2433 Union Drive 010 Enrollment Services Center Ames, IA 50011-2011

E-mail: verifications@iastate.edu

Phone 515-294-1840, Ext. 7 Fax: 515-294-2034

ame Last First	Middle	Former Name(s)
Daytime Phone		
cluding Area Code	Universit	ty ID number
lease print	*In case	we need to contact you with questions about your request
2) Indicate method of delivery. You can pick up your verification I	etter or have it ma	illed to you.
Choose one of the following:		
Pick up in 010 Enrollment Services Center (available in 3 w Must bring valid Photo ID.	orking days - allo	w 4-5 working days during peak processing times).
Mail verification to complete Name and Address below: (r USPS). <i>International Address:</i> Please write full name and a envelope for delivery.		
Full Name or Company		
Attention to, P.O. Box,		
Street address,		
Apartment number		
City, state, country, Zip code		
Indicate number of copies		
Number of copies requested		
	rification for a sp	pecific term. Full-time, part-time, or less-than-half-ti
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