

Transfer College Report Verification for Private and Out Of State Universities

Student ID Number:			Date of Birth:			
Last Name:		First Nan	ne:	Middle Name:		
Mailing A	ddress:					
Phone Number:		Email Addro		lress:		
-	_	-			" form to verify my academic and discint ate university for following term and years.	• •
	Fall	Winter	☐ Spring	Year: _		
Name of	University: _					
Please co	mplete the a	ttached " (College Report"	form and	forward it to the above university via:	
	Mail: (Pleas	e provide 1	the mailing addres	ss)		
	Email: (Plea	se provide	the Email address	s)		<u>-</u>
	FAX it to th	e followir	ng Fax Number:			
	I will pick up	(Please no	ote: the process w	ill take up	to five working days.)	
Student's Signature					Date	