



# Verification Request Form

I, \_\_\_\_\_ authorize Dallas Baptist University to release:

\_\_\_\_\_ An enrollment verification for my insurance company for the \_\_\_\_\_ term.

\_\_\_\_\_ Verification of graduation/intent to graduate

Month/Year of graduation \_\_\_\_\_.

Degree/Major \_\_\_\_\_.

\_\_\_\_\_ Verification of \_\_\_\_\_.

• Please mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Please fax to: \_\_\_\_\_ Attention: \_\_\_\_\_  
(WE ARE UNABLE TO FAX GRADES, TRANSCRIPTS OR GPA'S)

• I will pick up the document(s) on \_\_\_\_\_ at \_\_\_\_\_.

Date of Request \_\_\_\_\_

Student's Signature \_\_\_\_\_

Social Security Number/DBU ID \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

OFFICE USE ONLY	
CASHIER'S APPROVAL	
_____	
DATE VERIFICATION	
• RECEIVED:	_____
• SENT/PICKED UP:	_____