



Office of Registration and Academic Records

REQUEST FOR VERIFICATION LETTER
(not for use by Dental, Medical or Optometry students)

Name _____

Student number **B0** _____

Term(s) to be verified _____

Expected graduation date: Month _____ Year: _____

Member#, Contract#, ID#, Policy# _____

Name and fax number (if letter to be faxed) _____

Name and address to which verification letter is to be mailed:

Note: an overnight process is required. Letters will be prepared by 2pm the next business day.

Return this form to:

Mailing address:

<i>Office of Registration and Academic Records Room 207 Hill University Center 1400 University Blvd Birmingham, AL</i>	<i>HUC 207 1530 3rd Ave S Birmingham, AL 35294-1150</i>
--	---