

OFFICE OF THE UNIVERSITY REGISTRAR

## **REQUEST FOR LETTER OF VERIFICATION**

**NOTE**: All letters will include: Name, Social Security Number, Major, Dates of Enrollment, Full-time or Part-time status.

**VERIFICATIONS CANNOT BE FAXED DUE TO FEDERAL PRIVACY LAWS.** 

NAME:	PLEASE PRINT			
*REQUIRED NAM		S SUBMITTING DOCUMENTATION TO:		
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(OR YOU CAN OPT TO MAII		(OR YOU CAN OPT TO EMAIL TO SELF)		READY FOR PICK UP
* REQUIRED SIG			DATE	
	form by any method belo			-
Postal Mail: The University of Southern Mis Office of the University Registr 118 College Drive #5006 Hattiesburg, MS 39406		Email: registrar@usm.edu	(6	<b>Fax:</b> 601) 266-5816
	REGIS	TRAR OFFICE PERSONNEL ON	NLY	
	PROCESSED BY:	DATE: _		