

Verification Request Form

Student Information

Name: _____

Student ID#: _____

Verification Information

Verification destination:

Self Other: _____

Send verification via (select one):

Fax Fax Number: _____

Email Email Address: _____

Mail Name: _____

Street Address: _____

City: _____ State _____ Zip _____

Reason for verification letter (select one):

Graduation verification

Enrollment verification

Last date of registration

Student's major

International verification

Comments: _____

Please return this form to:

Registrar's Office
Indiana Tech
1600 E. Washington Blvd.
Fort Wayne, IN 46803
Fax: 260.422.6309
Email: Registrar@IndianaTech.edu