

Verification Request Form

Lee Student ID: _____ Date: _____

First Name: _____

Middle Name: _____

Last Name: _____

Best Contact Number: _____

Email Address: _____

Verification Type: Please Check All That Apply

- Enrollment Verification
- Pre-registration for Upcoming Semester
- Anticipated Graduation Date (**must provide date**): _____
- Degree Verification
- Good Student Discount (must provide form from insurance company)

Mailing Instructions: Please Fill Out Completely!

- Pick up
- Fax – Number: _____ Attn: _____
- Mail – Name/Address:

Mail to: Lee University Records Office
PO Box 3450
Cleveland, TN 37320-3450

OR Fax to: 423.614.8204

Student Signature (Required):
