## **Verification Request**



There is a two business day processing period for verification requests. At the beginning or end of a semester or during holidays, please allow one week.

Please Complete	All Information			
Name of student to be veri				
Last Name	First Name		Middle Name	
Person requesting verificat	ion			
Last Name	First Name		Relationship	
( ) Home Phone		( ) Work/Cell Phone	e	
Check Only Applic	able Items			
, , , ,	of credits for current semester			
☐ Number of credits for pro	evious term(s)		(specify dat	tes)
	ate: Month Year _			
☐ Verification of degree	☐ Verification of major	☐ Verification of minor	☐ Verification of graduation/da	te of completion
☐ Verification for health in:	surance			
Policy Holder Name		Policy Number		
Other Information Need	ed			
☐ Verification for Car Insur	rance			
☐ GPA: Student signatu	re needed for authorization _			
☐ Class Schedule: <b>Stude</b>	nt signature needed for autho	orization		
☐ Verification of studen	t address on file			
Include student's BJU ID   Include student's SSN				
Student signature neede	ed for authorization			
$\square$ Other information reque	sted			
Where to Send				
Name		Company Name (if applicable)		
Street Address		City	State	ZIP
( ) Fax Number		Email Address		

Mail all requests for verifications to the Registrar's Office, Bob Jones University, Greenville, SC 29614, email to registrar@bju.edu, or fax to (864) 235-6661.