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ENROLLMENT VERIFICATION REQUEST FORM

Print out this form, complete it and mail/fax to:

Office of the Registrar
 Austin Peay State University
 P. O. Box 4448
 Clarksville, TN 37044

ATTN: Sherry Yeatts
 Email: yeattss@apsu.edu
 Fax Number: 931-221-6502

Name _____

Date _____

Student ID _____

Semester to be verified _____

Expected Date of Graduation _____

Are you requesting this in order to obtain a Military ID? Yes _____ No _____

Check one: Mail _____ Fax _____ Will pick up _____ (you may pick up in two working days in Ellington Building, room 316)

Please mail/fax my verification to the following:

Number of copies _____

Your signature _____

Please allow 2-3 business days for processing