



106 Courthouse Square
 Rayville, LA 71269
 (318) 728-8989 phone
 (318) 728-8988 fax

INFORMATION/VERIFICATION REQUEST

| | | |
|-------------------------|---|--------|
| Name: | | |
| Social Security Number: | | DOB: |
| Address: | | City: |
| State: | Zip: | Phone: |
| Department: | (Circle one) Fall / Spring / Summer Year: 20_____ | |

- _____ Acceptance/Re-Admittance
- _____ Full time semester
- _____ GPA
- _____ Anticipated date of Completion
- _____ Test Scores
- _____ Degree
- _____ Hold for student picked up

Mail to:

 Name Address City, State Zip

Fax to: _____

Student Signature: _____ Date: _____

For office use only

Date Completed: _____

Hours at close of Add/Drop _____

Total Withdrawal Hours _____

Last Date of Withdrawal _____

Hours at time of request _____

Degree Program _____