



Verification Request Form

P.O. Box 8, 1000 College Circle, Wye Mills, MD 21679
 Web Address: www.chesapeake.edu
 (410) 822-5400; Fax(410) 827-5852

Please complete the entire form and return to: *Chesapeake College, Office of Registration, P.O. Box 8, Wye Mills, MD 21679.* Requests are normally processed within two business days once received by the Registration Office at the Wye Mills Campus. If verification request forms are forwarded to the Registration Office from the Cambridge Center and/or the Allied Health Center through interoffice mail, a request may take up to four business days to process. You may also fax this request to the Wye Mills Campus on 410-827-5852.

Please enter your social security number or your Chesapeake College student identification number. One of these numbers is required to process the request.

Last Name (Legal):				First Name:				Full Middle Name:			
Social Security Number:				Student ID Number:							
Policy Number (if applicable):				Today's Date							
Please indicate all information to be verified: <input type="checkbox"/> Enrollment status (full-time – 12 credit/load hours or more) <input type="checkbox"/> Enrollment status (part-time – 11 credit/load hours or less) <input type="checkbox"/> Dates of attendance <input type="checkbox"/> Graduation date (Please indicate date: _____) <input type="checkbox"/> Grade point average (GPA) <input type="checkbox"/> Semester (Please indicate semester: _____) <input type="checkbox"/> Other (Please specify: _____)								Telephone: Home: _____ - _____ - _____ Cell: _____ - _____ - _____ Business: _____ - _____ - _____			
Is there a form to be completed? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Please check one of the following: <input type="checkbox"/> I would like to pick up the verification at the Wye Mills Campus <input type="checkbox"/> I would like the verification <u>sent to the party below:</u>											
Please send form to:											
Name: _____											
Street Name and Number/Apt. # : _____											
City:				State:				Zip Code:			
LEGAL SIGNATURE OF STUDENT (Required by the PL93-380, Buckley Amendment, The Family Educational Rights and Privacy Act)											
Applicant Signature: _____										Date: _____	