

## **VERIFICATION REQUEST**

Please allow 2-3 business days for processing

Northern Arizona University – Office of the Registrar Box 4103 Flagstaff, AZ 86011-4103 Phone: (928) 523-5490 Fax: (928) 523-1414 E-Mail: Registrar.Verifications@nau.edu

LAST NAME	FIRST NAME	
Including former last names  PHONE NUMBER OR E-MAIL	NAU ID	BIRTHDATE
TERMS TO BE VERIFIED: All Terms (enrollment history)	☐ Specific Term(s)	
PLEASE INCLUDE: (Check all that apply)	Begin: Term: End: Term:	
Current Program (Major) Earned Degree(s)  Verification of Online/ Blended Classes (Selecting this option will i		
Physical USPS Mailing Address or US Fax Number Only. Cannot be emailed.  OR	HOLD FOR PICK (	JP. Photo ID required for pickup.
	<b>NOTE:</b> Completed Office for 30 calend	verifications will be held in the Registrar's dar days.
<del>-</del> 		egulations verifications ed/faxed or held for pick up
Most lending institutions and scholarship agencies require that your Social Sec Security Number printed on a particular report, please contact the NAU Regist		
Student Signature	Date	
		Revised 10/02/18