

College of Medicine Verification Form

College of Medicine Student Records 5851 USA Drive N., MSB 1005 Mobile, AL 36688 Telephone: 251-460-7180 Fax: 251-460-6761

Full Name on USA record	1:			
	(Last)	(First)	(Middle)	
Other Names:				
Student ID: J00		Birth Date (MM/DD/YY):		
Phone:		Email:		
Signature:		Date:		

Verification request are processed in the order that they are received usually within three (3) business days. Processing time does not reflect delivery time. Verifications will not be processed or mailed on the days that the University is closed.

Reason for Request:

Insurance	Loan Deferment	Enrollment verification	Degree verification	Other:
insui ance	Loan Delei ment	Emoninent vermeation	Degree vermeation	

Recipient	
Attention	
Address 1:	
Address 2:	
City, State Zip	
Information to be included (attendance, graduation date):	