

STUDENT VERIFICATION REQUEST

Student Name: _____

Student's Social Security Number: _____

Contact Requesting Information: _____

Title: _____

Agency: _____

Telephone: _____ Fax: _____

Email: _____

What student information is needed? _____

Date Information Needed: _____

Comments: _____

RELEASE OF INFORMATION

I, _____ authorize transfer of information between
Student's Name

Re:Start – The Center for Adult Education and _____
Agency Name

Student Signature: _____ Date: _____

Fax to: Attn: Customer Service 423.499.5428

Rvd 2.1.12