

STUDENT VERIFICATION / CERTIFICATE REQUEST FORM

Student ID: _____ Program Name: _____

Name of Student: _____

Date of Birth: _____ Social Security #: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

I attended the School between the dates of: _____ and _____

In completing this verification request form, I certify that all the information above is correct and updated to the best of my knowledge. I understand and agree that it may take 2 to 3 weeks to verify my information by school and also, I am aware that during this verification process I can be contacted by school to fulfill all the requirements and once I am clear from all departments, it will take another 1 week to process my certificate.

Name Appears on Certificate _____

Student Sign

Date

(Office Use only)

Clinical Internship	Academics		Finance Dept.	
	Attendance	Grades	Accts Rec/Pay	Financial Aid
Total Clinical Hrs. Completed _____	Total Didactic Hrs. Completed _____	Cleared all required Exams Yes___ No___	Fees Received: Yes___ No___ If No, write reason with Balance:	All Doc. Requirement Yes___ No___
Pre-Clinical Hrs. Completed _____	Yes___ No___ Date: _____	Transcript check OK? Yes___ No___		Can complete Program On / After: / / <small>Sub to Academic Requirements</small>
LDA: _____				
Sign _____ Date _____	Sign _____ Date _____		Sign _____ Date _____	



FINAL FINDINGS / CERTIFICATE PROCESS FORM

Dear _____

Your file has been reviewed by School various departments; please see School registrar office for the same.

_____ **have some findings***

Findings:

*I understand and agree due to above reason my certificate cannot be processed until all the requirements are fulfilled.

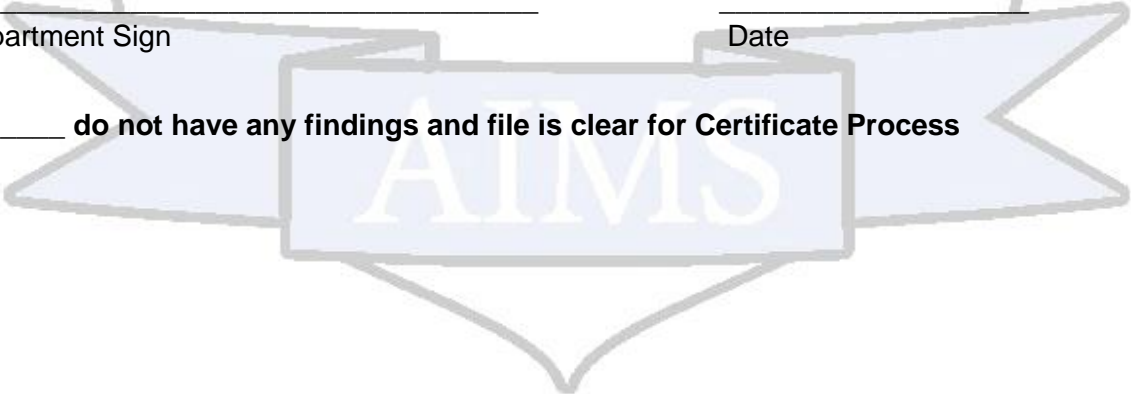
Student Sign

Date

Department Sign

Date

_____ **do not have any findings and file is clear for Certificate Process**



(Office Use only)

Certificate Issuer Sign

Graduation Date

Official Transcript Issuer Sign

Date