



KEAN
UNIVERSITY
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OFFICE OF THE REGISTRAR

VERIFICATION REQUEST FORM

(Please Print) Last Name, First Name Middle Initial

For Semester: _____ Student ID Number _____
Year/Semester

Anticipated Date of Graduation: _____ Telephone _____
Or Program Completion (Fill in)

PRINT REQUEST:

MAIL TO: (PLEASE PRINT ADDRESS) _____
STUDENT SIGNATURE

TODAYS DATE: _____

(For Official Use Only)

PROCESSED BY _____ DATE _____