



Verification Request Form

Please submit completed and signed form to registrar@ketchum.edu.

Student's Legal Name: Student ID or Date of Birth:

Program: Class Year:

Contact Number:

Previous Name (if any):

This verification request is for*: Enrollment Period/Status Degree
 Disability Other

If other, please specify:

*If you want us to fill out a form, please check the appropriate box and attached the form to this request.

Recipient's name:	<input type="text"/>
Organization:	<input type="text"/>
Send to (Recipient): Mailing Address OR Email Address: Phone Number (Optional):	<input type="text"/>

I hereby authorize MBKU to release my information to the recipient on this request form.

Student Signature: _____

Date: _____