

## Verification Request Form

Mail, FAX or email completed form to:  
Wisconsin Association of Independent  
Colleges and Universities (WAICU)  
Attn: Transcripts  
122 W. Washington Avenue, Suite 700  
Madison, WI 53703-2723  
Fax: (608) 256-7065

Questions: (608) 256-7761 x.221  
[info@waicu.org](mailto:info@waicu.org)

**NOTE: Verification form not valid without student signature. Verification form for  
MOUNT SENARIO COLLEGE, Ladysmith, WI.**

**STUDENT'S SIGNATURE REQUIRED** \_\_\_\_\_

Your signature authorizes WAICU to release your information.

*PLEASE TYPE OR PRINT CLEARLY*

Applicant Name: \_\_\_\_\_

Last Name During Enrollment if Different Than Above: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Type of Degree: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Please send to: \_\_\_\_\_

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FOR OFFICE USE ONLY:

Is the information correct? YES / NO

Explanation if incorrect: \_\_\_\_\_

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Verified By: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_