

**St. Thomas Aquinas College**  
**Verification Letter Request Form**

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

Social Security/ID #: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Name while attending STAC: \_\_\_\_\_

Signature: \_\_\_\_\_

***Information requested (any special instructions for verification letter):*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Number of copies needed:*** \_\_\_\_\_ ***Semester/Term Letter is requested:*** \_\_\_\_\_

**RECIPIENT NAME/ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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OFFICE USE ONLY:

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

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