

**Loyola University New Orleans
Office of Student Records**

**Verification Letter Request Form
Fax this request to 504-865-2110 or deliver to Marquette 250**

Date: _____

Name: _____ **ID#** _____

Contact Phone #: _____

Term Requesting Verification (indicate all or specific term) _____

Group Plan (if any): _____

Include GPA? _____

Include Grad term? _____ (if so, confirm your grad term) _____

Do you want to pick up this verification? _____

Name and Address for Mailing: _____

Fax Name & Number: _____

Please indicate any additional information that should be included in this verification?

Signature _____

To be completed by the Office of Student Records Only:

Date Completed: _____

Completed By: _____