



*Office of the Registrar  
Mount Aloysius College  
7373 Admiral Peary Hwy  
Cresson, PA 16630  
(814) 886-6400  
Registrar@mtaloy.edu*

*Verification Request Form*

Date Requested \_\_\_\_\_ Student ID Number \_\_\_\_\_

Name \_\_\_\_\_

Social Security # (last 4 digits) \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Semester you want verified: Spring Summer Fall Year \_\_\_\_\_

**Mail to:**  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fax to:**  
Fax Number: \_\_\_\_\_

I will pick up in the Registrar's Office

**E-mail to:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Registrar's Office:**  
Processed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Revised 10/28/2020