Cleveland Chiropractic College *Kansas City*

10850 Lowell Ave Overland Park, Kansas 66210 **P**-913-234-0176 **F**-913-234-0905 www.cleveland.edu

# *VERIFICATION REQUEST FORM*

**Name:**_____
**Last** **First** **Middle**

**Address:**_____

**Social Security Number:**_____-_____-_____

**Phone:** _____

**Send to:**_____ **Number of Copies:**_____

_____

_____

**Fax to:** _____

**Enrollment letter** ☐

**Physiotherapy letter** ☐

**Good Standing letter** ☐

**Credit Hours letter** ☐

**Schedule copy** ☐

**Graduation Verification** ☐

Notes:

_____

_____

_____

_____

_____

_____

_____

_____

**Charge:$___No Charge_____**

**I hereby authorize Cleveland Chiropractic College to release my verification of academic record to the above indicated institution or individual.**

_____
**Signature**

_____
**Date**