

**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:

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

Charge: \$ No Charge

Signature

Date