

Quincy University

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Quincy, Illinois 62301-2699
217-228-5280
Fax: 217-228-5283

Student Verification

Name: _____ Student I.D. Number: _____
(PLEASE PRINT)

SSN: _____ Date of Birth: _____ Phone Number: _____

_____ Full-time status letter for _____ Fall _____ Spring _____ Both

_____ Schedule for current term

Mail to: _____

I give my permission to release my social security number to the party indicated above.

_____ Yes _____ No (must mark one)

STUDENT SIGNATURE

DATE