

Transient (Visiting) Student Verification Request Form



Your Name: _____

Student ID # or Date of Birth (mm/dd/yyyy): _____

Social Security # (Optional): _____ Phone #: _____

Address: _____

Street Address or P.O. Box

City, State & Zip Code

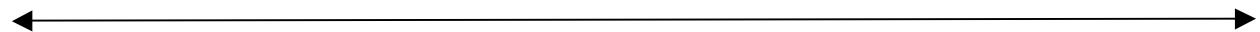
Mail to Address Given

Hold for Pick Up

Address for mailing transient (visiting) student verification:

Required Student Signature: _____

In accordance with Federal Law and KRS 164.283, records cannot be released without written consent of the student.



Office Assistant: _____

Date: _____