

Office of the Registrar
Austin Peay State University

Verification of Enrollment Request Form

Please print out this form, complete it, and mail/FAX to:

Office of the Registrar
Austin Peay State University
Attn: Sherry Yeatts
P. O. Box 4448
Clarksville, TN 37044
FAX Number: 931/221-6264

Today's Date: _____

Name: _____

Student ID Number: _____

Semester to be verified: _____

Expected Date of Graduation: _____

Check one: Mail FAX Will pick up. (You may pick up in two working days in Room 316, Ellington Bldg.)

Please mail/FAX my verification to the following:

Number of copies: _____

Your signature _____

For Insurance Requests please provide the following information:

Parent's Name: _____

Parent's Social Security Number: _____

Please allow 2 -3 business days for processing.

Revised 02/07