

**Verification Request Form**  
**MOUNT SENARIO COLLEGE, LADYSMITH, WI**

Return completed form to:

Wisconsin Association of Independent Colleges and Universities (WAICU)  
Attn: Transcripts  
122 W. Washington Avenue, Suite 700  
Madison WI 53703-2723  
Fax: 608.256.7065  
Email: transcripts@waicu.org

Questions: 608.204.5221  
transcripts@waicu.org

**NOTE: Verification form not valid without student signature.**

**STUDENT'S SIGNATURE REQUIRED** \_\_\_\_\_

Your signature authorizes WAICU to release your information (electronic signature is acceptable).

*PLEASE TYPE OR PRINT CLEARLY*

Applicant Name: \_\_\_\_\_

Last Name During Enrollment if Different Than Above: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Type of Degree: \_\_\_\_\_ Date Awarded: \_\_\_\_\_

Please send to: \_\_\_\_\_

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FOR OFFICE USE ONLY:

Is the information correct? YES / NO

Explanation if incorrect: \_\_\_\_\_

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Verified By: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_