

**Student/Graduate Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Program: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Indicate the type of letter requested. Check all applicable boxes.

**Enrollment:** start date, anticipated graduation date, program name and anticipated degree type

**Good Standing:** University school status is reported as good standing unless the student is on probation, suspension, etc.

**Graduation:** start date, graduation date, program name and degree earned

**Criminal Background Check:** A verification to indicate this matriculation requirement was met, as long as ATSU received the results within 1 year of this request.

**Other:** specify information to be included in the verification letter:

\_\_\_\_\_

**Recipient Information**

All methods are free, except for FedEx delivery service.

Email                      US Postal Mail                      Fax                      FedEx Delivery:

Send to: \_\_\_\_\_ ATTN: \_\_\_\_\_

Recipient's email, fax, or postal address: \_\_\_\_\_

International shipping requests will be billed once FedEx invoice total is made available to ATSU.

Credit Card Payments:

Please call 660.626.2019 Monday – Friday between the hours of 8am – 5pm CST, to provide your credit card information.

**For security purposes, do not leave your credit card information via voicemail.**

Check Payments:

Make payable to A.T. Still University  
A.T. Still University | Enrollment Services  
800 W. Jefferson Street | Kirksville, MO 63501

**Student/Graduate Signature**

By signing this form, ATSU may release the indicated information to the recipient listed above.

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

For more information or to submit the completed form granting permission to release your academic record, please contact Enrollment Services at [enrollmentservices@atsu.edu](mailto:enrollmentservices@atsu.edu).