



YOUR CALLING. OUR PASSION.

Records and Registration Office
1111 N. Glenstone Avenue
Springfield, MO 65802
Riggs, Suite 304
(417) 865-2815
FAX: (417) 865-9599
Verification@evangel.edu

VERIFICATION REQUEST

Instructions: Fill out this form and submit to the Records and Registration Office. Please note that official verifications cannot be provided until the semester starts.

STUDENT INFORMATION

Date: _____

Student's Name: _____

Student ID: _____

Term of Enrollment: Fall Spring Summer Year: _____

VERIFICATION TYPE

Please check one:

For Good Student Discount (Car Insurance)

For Full-Time Enrollment (Health Insurance)

VERIFICATION SUBMISSION INFORMATION

Please Fax to: ATTN: _____ Fax # _____

Please Mail to: _____

Additional Information or Comments: _____
