

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: _____