

VERIFICATION REQUEST

Name:	BYU ID#
(Please print legibly.)	
By signing below you are authorizing us to i If any other information is needed, please sp	
☐ Please include wage information	
Other	<u></u>
Signature:	Date:
Phone Number:	Due Date: (if applicable)
PLEASE NOTE: A copy of the complete email address listed on my BYU Records	ed verification will ONLY be sent to the <u>unless otherwise indicated below</u> .
Send To:	