



STATE TECHNICAL COLLEGE of MISSOURI  
STUDENT VERIFICATION RELEASE FORM

Student's Name (printed) \_\_\_\_\_ ID# \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Semester & Year of verification:  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

I give my permission to State Technical College of Missouri to provide the following information (mark all that apply):

- Full Name
- Full-time/Part-time Status
- Number of Semester Credit Hours
- Program Major
- Dates of Semester(s) Enrolled
- Anticipated Graduation Date
- Internship Details (for Nuclear Technology majors)

Other (Specify) \_\_\_\_\_

Please send this verification by:

- Mail

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- Email

Email Address \_\_\_\_\_

- Fax

Attention \_\_\_\_\_

Company \_\_\_\_\_

Fax # \_\_\_\_\_

- On the attached form
- I will pick up on \_\_\_\_\_ (list date and time).

Return to Academic Records Office by fax at 573-897-4656 or scan and email to registrar@statetechmo.edu.