



LOYOLA

UNIVERSITY MARYLAND

Office of the Registrar

4501 N. Charles Street

Baltimore, MD 21210-2699

Student Status Verification Form

Student ID#:	Date of Birth:	Mobile Phone:
Current / Former Name:		
Attendance/Graduation Year(s):	Institution (Check One): <input type="checkbox"/> Loyola University <input type="checkbox"/> Mt. St. Agnes	Program (Check One): <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
Information for Verification		
Mail To / Fax Information		
Pickup Date (allow 72 hrs)	Student's Signature	Date

- Records Office Use Only -

Comments:		
Date Verified:	Verifier's Signature	Date Mailed (if applicable)