

**COLLEGE FOR CREATIVE STUDIES
VERIFICATION REQUEST FORM**

Name _____ Student # _____

Current Address _____

Home Phone _____ Work Phone _____

Dates Attended CCS _____ Date of Graduation (If Any) _____

I am requesting the following:

Enrollment Verification Letter for the _____ semester(s)

Anticipated Graduation Letter OR Completion of requirements letter

Other Please provide a brief explanation of information you need included in your letter:

I will pick up

Send to the following address (include name of individual or company):

Student's Signature/Date

You may hand in the verification form at the Office of Registration or FAX to (313) 872-1521

Registration Office Use

Date Received _____

Date Sent _____