

Verification Letter Request

ID/SOCIAL SECURITY # _____ **DATE** _____

NAME _____

SEMESTER(S) TO BE INCLUDED _____

SEND TO ADDRESS BELOW:

STUDENT SIGNATURE: _____

(Required if social security number needs to be included on letter)

Ouachita Baptist University - Registrar's Office - P.O. Box 3757
Arkadelphia, AR 71998-0001
Phone: 870-245-5578 Fax: 870-245-5194