



The Registrar's Office
St. Olaf College
1520 St. Olaf Avenue
Northfield, MN 55057-1098

Tel: (507) 786-3015
Fax: (507) 786-3074
E-mail: registrar@stolaf.edu

VERIFICATION FORM

Student#: _____ **Date:** _____

Name: _____ **E-Mail:** _____

Telephone #: _____

Policyholder: _____ **Policy #:** _____

____ Please prepare a statement verifying my status as a full-time student for _____ term(s)

____ Please prepare a statement verifying my GPA for good student status

____ I will pick it up when completed

____ Place in my P.O. Box when completed

____ Mail to: _____

____ **Fax #:** _____ **Attn:** _____

Special Instructions: _____

Signature: _____

Taken By _____