



Marietta College Letter of Good Standing/ Enrollment Verification Request Form

Student Name: _____

Social Security #: _____

Campus box #: _____

Campus phone: _____

Additional information to be included: _____

(credit hours, policyholder, etc.) _____

Fax verification to: _____

Mail verification to: _____

Signature: _____ **Date:** _____

Submit completed form to:

**Marietta College
Records Office
215 Fifth Street
Marietta OH 45750
or
Fax: (740) 376-4729**