

The United States Sports Academy

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Enrollment/Degree Verification Request

Please Select One

Enrollment Verification

Degree Verification

Student Name: _____

Student Address:

Street or PO Box

City

State

Zip

Phone Number: (____) ____ - _____

Mail Request to the Following Address:

Name of Recipient

Street or PO Box

City

State

Zip

Student Signature _____ Date _____

For Official Use Only

DATE RECEIVED: _____

PROCESSED BY: _____ DATE PROCESSED: _____