



## College Verification Form Request & Authorization Release

This is for requests from MAT graduates only, and is for verification to departments of education for teacher certification. Please allow up to 14 business days for processing.

Name: \_\_\_\_\_

MICA ID Number (if known): \_\_\_\_\_

Cell: \_\_\_\_\_

MICA Email Address: \_\_\_\_\_

Do you currently have access to MICA email account? Yes or No

Non-MICA/Current Email Address: \_\_\_\_\_

Mailing Address:

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I \_\_\_\_\_ (*print legal name*) hereby request that representatives of MICA complete a College Verification Form on my behalf.

Please release this information to:

(*Indicate self or the name and title of the Department of Education representative to receive the information.*)

Name or Self: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please mail/email the form to this address:

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*Note: MICA will not email social security numbers. Please allow time for forms to be mailed to the appropriate location. We can email a scanned copy if need, but will omit certain sensitive information.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Instructions:

**Please email a completed request to Enrollment Services <enrollmentservices@mica.edu> along with a completed Department of Education form for which you are requesting verification**