



**Community & Technical College**

HIGHER EDUCATION BEGINS HERE

**BLUEGRASS COMMUNITY AND TECHNICAL COLLEGE  
REQUEST FOR VERIFICATION**

**Name:** \_\_\_\_\_ **Student ID #** \_\_\_\_\_

Verification for: Current semester \_\_\_\_\_ Past semester \_\_\_\_\_ All semesters \_\_\_\_\_

Number of verifications: \_\_\_\_\_ Pick Up: Next day \_\_\_\_\_ Immediately \_\_\_\_\_

**Or**

Mail to: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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