

Request for VERIFICATION STATEMENT

Food, Nutrition and Dietetics (DPD) Program

Illinois State University

NAME _____
Last Name First Name Middle or Maiden Name

Social Security # _____

Date of Graduation _____

or Date DPD Program Completed at I.S.U. _____

Number of copies requested _____ Date needed by _____

Address Verification Statement copies should be mailed to:

Contact information if needed to process your request:

E-mail address _____

Daytime telephone _____ Evening telephone _____

Signature _____ Date _____

Return form to: DPD Director
Department of Family and Consumer Sciences
Illinois State University
CAMPUS BOX 5060
Normal, IL 61790-5060

Include a copy of an official Illinois State University transcript indicating completion of courses and degree and copies of transcripts from other institution(s) where DPD course requirements were completed