



ENROLLMENT VERIFICATION REQUEST

Today's Date: _____ Student Name: _____

Student ID Number or Social Security Number: _____

Requesting Information for:

Fall Semester

Spring Semester

Summer Semester

Year _____

Check here if expected date of completion should be included

Check here if additional information is attached

Check here if you will pick up verification

Check here if you would like this information faxed

Check here if you would like this information mailed

Mail To:

First Name

Last Name

Middle/Maiden Name

Address

City

State

ZIP Code

Email

Phone Number

Fax To:

First Name

Last Name

Phone Number

Comments:

Signature of Student