



Registrar's Office
ENROLLMENT VERIFICATION REQUEST FORM

Please allow up to two weeks to process enrollment verification.

Student's Name: _____

Student ID /Social Security No: _____

Contact Phone No: _____

Person requesting verification: _____

Academic Program:

- Undergraduate
- SPS (specify cohort) _____
- Graduate (specify program) _____

Send Request to:

Name/Company _____

Street Address _____

City/State/Zip _____

Fax to:

Attn _____

Fax no. _____

Please indicate term to be verified: Fall _____ Spring _____ Summer _____

Please verify: (please check all that apply)

- Enrollment status (full-time/part-time)
- Academic standing (GPA)
- Completion of degree/ degree received
- Other information to be included: _____

I authorize the release of my social security number as my student identification for this enrollment verification, as well as any additional academic information needed for verification purposes.

Signature _____

Date _____

For office use only		
Received _____	Processed _____	Initials _____