



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
Address
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 _____