



REQUEST FOR VERIFICATION OF ENROLLMENT

Request will be processed within 2-3 business days.

Please print or type unless signature is requested.

Student's Name _____

Date of Birth _____ Student ID# _____

Email _____ Phone _____

Semester for which you are requesting verification: _____

Reason for request:

Please indicate the information to whom the letter is being written.

Name of Contact Person _____

Dept., Agency, Organization, etc. _____

Mailing Address _____

City, State, Zip Code _____

Please check one of the following options.

Student Pick Up _____ (Must be picked up within 30 days of request)

Mail Verification to Address Above _____

Fax Verification _____ Fax Number: _____

Email Verification _____ Email: _____

Student's Signature _____ Date _____

***Submit the completed form to the Registrar's Office.**