



## ENROLLMENT VERIFICATION REQUEST

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Requesting Information for:

Fall Semester       Spring Semester       Summer Semester

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax To: \_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Student: \_\_\_\_\_