

ENROLLMENT VERIFICATION

Print Name as it appears on your official University Record.

Name (Last) (First) (Middle)		
Former Name(s)	UW Student # or SSN	Date of Birth
Daytime Phone Number ()	Email Address	FOR OFFICE USE ONLY Processed by: Mail Date: Pick-Up Date:
Current Street Address		
(City) (State) (Zip)		

Verify enrollment starting (check appropriate quarter): Autumn Winter Spring Summer

MAIL ENROLLMENT VERIFICATION TO: <input checked="" type="checkbox"/> Address listed above <input type="checkbox"/> Address listed below
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X

Student Signature Required

Today's Date

Submit request to: University of Washington Bothell, Attention: Enrollment Verification
 Campus Box 358500, 18115 Campus Way NE, Bothell, WA 98011-8246