



ENROLLMENT VERIFICATION REQUEST FORM

Please allow up to two weeks to process enrollment verification

Student Name: _____

Student ID#/SSN: _____ Contact Phone Number: _____

Send Request to:

Name/Company: _____

Street Address: _____

City, State, Zip: _____

Student Pick-Up

Please indicate term(s)/year(s) to be verified: Fall: _____ Spring: _____ Summer: _____

Please verify: *(check all that apply)*

Enrollment status (full-time/part-time)

GPA

Degree (completion date, expected completion date)

Other information to be included/notes: _____

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: _____