

**CARSON-NEWMAN UNIVERSITY**  
**REQUEST FOR ENROLLMENT VERIFICATION**

Name of Student \_\_\_\_\_ ID# \_\_\_\_\_

Anticipated graduation date \_\_\_\_/\_\_\_\_

SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone \_\_\_\_\_

Name of Organization where verification will be sent:

\_\_\_\_\_

Fax or Address where verification will be sent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of student \_\_\_\_\_ Date \_\_\_\_\_

Fax request to: Office of the Registrar at 865-471-2013

**OR**

Mail request to: CNU

Office of the Registrar  
1646 Russell Ave  
Jefferson City, TN 37760