



Enrollment Verification

1. STUDENT INFORMATION

Please note that verifications can take up to one week to process.

Form with fields: Last Name, First Name, Student ID or SSN, Email Address, Date of Birth, Last Year Enrolled before 1990?, Former Names, Street Address, City, State, Zip, Phone, and a question about international students.

2. PURPOSE OF VERIFICATION/SPECIAL INSTRUCTIONS

Two horizontal lines for text input.

3. SEMESTERS TO VERIFY

(Circle semester) From: Fall Spring Summer of (year) To: Fall Spring Summer of (year)

4. METHOD OF DELIVERY

I will pick up my verification(s) at the Office of the Registrar
Please mail to the following address(es)

I authorize the individual listed below to pick up my documents

Horizontal line for name input.

Send ___ copies of verifications to:

Send ___ copies of my verifications to:

Name

Name

Address

Address

Horizontal line for address input.

Horizontal line for address input.

Horizontal line for address input.

Horizontal line for address input.

5. STUDENT SIGNATURE

Signature

Date