



# Enrollment Verification Request

Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ SS#

or

\_\_\_\_\_ Student ID

Phone: \_\_\_\_\_

Semester and year request is for: \_\_\_\_\_

\_\_\_\_\_ To be picked up – (ID required)

\_\_\_\_\_ To be mailed

\_\_\_\_\_ To be faxed

Please provide  
address if mailed

Fax# \_\_\_\_\_

Attn. \_\_\_\_\_

Signature \_\_\_\_\_

(Office Use Only)

Done \_\_\_\_\_

Date \_\_\_\_\_