

ENROLLMENT VERIFICATION REQUEST

NAME \_\_\_\_\_ ID# \_\_\_\_\_

EMAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PREVIOUS NAME (if attended under a different name): \_\_\_\_\_

**Recipient Information:**

NAME \_\_\_\_\_

(Name of Institution, Business or Person)

Attention: \_\_\_\_\_

(Name of Person at Institution or Business, if specified)

STREET ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

Or

EMAIL \_\_\_\_\_

**Special Instructions or Information to Include:**

(eg., "Include GPA for Insurance Company"; or "Include Expected Date of Graduation")

\_\_\_\_\_  
\_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

⌘ FOR OFFICE USE ONLY ⌘

Date Sent by the Registrar \_\_\_\_\_

rev. 10/12/2020