

William & Mary Office of the University Registrar Blow Memorial Hall Room 240 PO Box 8795 Williamsburg, VA 23187-8795 (757) 221-2800 Fax: (757) 221-2151 registrar@wm.edu

ENROLLMENT VERIFICATION REQUEST

PROCESSING TIME: Requests made on one business day will be available next business day after 12 p.m. If you wish to expedite your request, there is a \$25.00 rush processing fee. Contact information is above and this form can be submitted in person, postal mail, fax, or email.

Rudent Name (Last) (First) (MI) Sudent ID# (or provide your SSN to help us match the toyour records) Date of Birth	ECTION	N A	STU	DENT INFORM	IATION	
BASIC ENROLLMENT VERIFICATION (Includes: full-time/part-time status, expected graduation date, major(s), minhours, dates attended.) BASIC ENROLLMENT VERIFICATION — GPA Included (Includes information from Basic Enrollment Verification A cumulative and term GPA. BASIC ENROLLMENT VERIFICATION — Schedule Included (Includes information from Basic Enrollment Verification A cumulative and term GPA. BASIC ENROLLMENT VERIFICATION — Schedule Included (Includes information from Basic Enrollment Verification A cumulative and term GPA. BASIC ENROLLMENT VERIFICATION — Schedule Included (Includes information from Basic Enrollment Verification A cumulative and term GPA. BASIC ENROLLMENT VERIFICATION — Schedule Includes information from Basic Enrollment Verification and the second of the semester of the semester includes: major(s), minor, degree earned, degree date, terms attended (Includes information from Basic Enrollment Verification and the semester includes: major(s), minor, degree earned, degree date, terms attended (Includes information from Basic Enrollment Verification and the semester includes: major(s), minor, degree earned, degree date, terms attended (Includes information from Basic Enrollment Verification A cumulative and terms semester for upcoming semester. Additional information of upcoming semester. (Processed only if you have registered for upcoming semester). NOTE: You are not officially enrolled until the first day of classes of the semester. Additional information such as name of company, policy number, named of insured, etc. to be included on report: (If SSN or current campus address is needed, please specify exact number or address below.) Please complete and include attached form for semester. Please complete and include attached form for semester. BAGIC TORD SEMESTER STATEMENT SEMESTER S	tudent Na	nme (Last)	(First)	(MI)	Student ID# (or provide you	r SSN to help us match this form
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Include Pre-Registration for upcoming semester. (Processed only if you have registered for upcoming semester). NOTE: You are not officially enrolled until the first day of classes of the semester. Additional information such as name of company, policy number, named of insured, etc. to be included on report: (If SSN or current campus address is needed, please specify exact number or address below.) Please complete and include attached form for		DEGREE VERIFI	CATION- Include GPA?	_		
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Hold for pick-up. (photo ID required) Email to Email Address: Mail to Name/Company: Address City			FOR	WARDING INS	TRUCTIONS	
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Attn:Company/Organization:	_					
	1	Attn:	Company/Orga	anization:		
Permit to pick up on my behalf. (Photo ID is required.) Signature required above for pick		Permit	to pick t	up on my behalf		

******FOR OFFICE USE ONLY*****

Circle one: Pick-up/E-Mailed/Mailed/Faxed Processed by: Initials ______ Date _____