



ENROLLMENT VERIFICATION REQUEST

SECTION A

STUDENT INFORMATION

Name (Last) _____ (First) _____ (MI) _____ 930# _____
 Student ID# (or provide your SSN to help us match this form to your records)

(_____) _____ Date of Birth ____/____/____ E-Mail: _____@_____
 Phone # _____ Month/ Day / Year

SECTION B

VERIFICATION TYPE

Select one (1):

- BASIC ENROLLMENT VERIFICATION**
Includes: full-time/part-time status, expected graduation date, major(s), minor, credit hours, dates attended.
- BASIC ENROLLMENT VERIFICATION – GPA Included**
Includes information from Basic Enrollment Verification AND cumulative and term GPA.
- BASIC ENROLLMENT VERIFICATION – Schedule Included**
Includes information from Basic Enrollment Verification AND current schedule of classes.
- DEGREE VERIFICATION- Include GPA? YES NO**
Includes: major(s), minor, degree earned, degree date, terms attended Degree Year: _____

SECTION C

ADDITIONAL INFORMATION

- Include Pre-Registration for upcoming semester.** (Processed if you have a registration record 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: _____
- Please complete and include attached form for _____ semester(s).

SECTION D

FORWARDING INSTRUCTIONS

Select one (1):

- Hold for Pick Up (photo ID required for pick up)
- Email to: _____@_____
- Fax: (_____) _____ - _____. Attn: _____
Company/Organization: _____ Phone Number: (_____) _____ - _____
- Mail (please print address clearly)
TO: _____

City State Zip
_____/_____/_____
Student Signature Date

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

Processed: Initials _____ Date _____ E-Mailed/Mailed/Faxed: Initials _____ Date _____

Rev: 05/2009