REQUEST FOR ENROLLMENT VERIFICATION

Date: _______________________

Student Name: __________________________________________________

Student Phone Number: _______ - _______ - _______

Student’s ID#: _________________________________________________

Student’s Signature: __________________________________________
(By signing this form you authorize a release of the requested information)

We can send via fax, standard mail or hold for student pick-up.

_____ Fax to: __________________________
Fax number: __________________________
Phone number: __________________________
ATTN: ________________________________

_____ Mail to: ______________________________
____________________________
____________________________
____________________________

_____ Hold for student pick up

Note: Enrollment Verifications include: dates of attendance, academic program, and anticipated date of graduation. Verifications take FIVE working days to be processed. If you choose Hold for pick-up, you will be notified via telephone when your verification is complete. If you have a form that needs to be completed by the Office of Enrollment Services, attach it to this form with submission.

Office Use Only

Processed by: ______________________ Date: __/__/__ (✔) FOR PROOF OF ID __