ENROLLMENT VERIFICATION REQUEST FORM

(PLEASE USE BLACK OR BLUE INK ONLY)

Check One:
Are you a graduating senior for the CURRENT SEMESTER?  Yes _____  No _____

(Print) Last Name                                           First Name                                             Middle Name

Student K ID# or Social Security Number (SS#)     Telephone # (Including area code)

Current Mailing Address                   City    State   Zip Code

Student Signature       Date

SEMESTER(S) TO BE VERIFIED:    ___________ / ___________ / ___________

Number of copies needed: _____

☐ I will pick up verification.
☐ To be picked up by someone other than student. _____________________________________________

(PLEASE PRINT FULL NAME)

NOTE: Any person picking up verification must present a valid picture ID.

☐ Mail to: ____________________________________________

__________________________________________

☐ Fax to: (      ) _______________________________________

ADDITIONAL INFORMATION FOR FAX COVER SHEET:

__________________________________________

__________________________________________

Office of the Registrar’s Use Only: Date Marked: ___________  Processed By: ___________

Date Picked up: ___________  Processed By: ___________

Date Mailed: ___________  Processed By: ___________

Date Faxed: ___________  Processed By: ___________

Date Revised 11/23/15