

Request for Enrollment Verification

Please allow 3-5 business days to complete this request

Date _____ Student ID (use date of birth is ID unknown) _____

Last Name _____ First Name _____ MI _____

Phone Number _____ Email Address _____

Please indicate type of request below:

- Verification of Current Semester
- Verification of Enrollment History
- Complete Attached Document
- Request Letter of Good Standing
- Other (please describe) _____

Please indicate delivery method below:

- I will pick up on _____
- Fax, email, or mail to the following: _____

Student Signature _____ Date _____

For office use only: Processed by _____ Date _____