

## ENROLLMENT VERIFICATION REQUEST FORM

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Verification for which semesters? \_\_\_\_\_

Please Include:

- Expected Graduation Date
- GPA
- Academic Standing
- Degree Awarded
- Dates Attended
- Enrollment History
- Course Grade for \_\_\_\_\_

I will pick up the verification in three working days.

Please send the verification to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Attn

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
City State Zip

Please list any additional information needed in this document: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature (required for grade or GPA verification)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date