



ENROLLMENT VERIFICATION REQUEST FORM

Name: _____ Gonzaga ID# or Social Security#: _____

Daytime Phone: _____ Email: _____

Verification for which term(s)? All Specify Term(s): _____
(Please circle one)

Purpose of Letter:
(Please select one)

- | | |
|-------------------------------------|--------------------------------------|
| _____ Auto Insurance (GPA included) | _____ Health Insurance |
| _____ Loan Deferment | _____ Alaska Permanent Fund Dividend |
| _____ Degree Verification | _____ Scholarship |
| _____ Military ID | _____ Other _____ |

Please list any additional information needed in this document _____

Number of Copies: _____

I WILL PICK UP LETTER IN THREE BUSINESS DAYS

or

FAX VERIFICATION TO THIS NUMBER:

Attn

Fax Number

or

MAIL VERIFICATION TO THIS ADDRESS:

Name

Address

City

State

Zip

_____ / _____ / _____
Student Signature (required for grade, GPA, and schedule verification) **Date**