

Enrollment/Degree Verification Request Form

This form is used to request an enrollment verification or degree verification letter for current and former students. Please fill out all blanks below. Please allow 2-3 business days for processing with the exception of the first week of enrollment for current students when such requests are held until registration has processed completely.

Full Name: _____

Student ID: _____

Telephone: (____) _____ Email: _____

Semester(s)/Term(s) for verification: _____

Please include Social Security Number (original signature of student required)

The letter you receive will state your name and your enrollment status (full-time or part-time) for the terms for which you have requested. If you need additional information, please state below your special request:

NAME AND ADDRESS WHERE LETTER IS TO BE SENT: To expedite delivery, include the name of the office or "to the attention of" the person receiving the letter:

Student signature:

_____ Date: _____

Office use only:

Date processed: _____

() Faxed date () Mailed date () Picked up by _____ Date: _____