ENROLLMENT/DEGREE VERIFICATION REQUEST

PLEASE NOTE: In order to ensure timely and accurate processing of your request, please complete all sections of this form to include your signature. Enrollment verifications are processed in the order of receipt within 2-3 working days and can be picked up or mailed.

SELECT THE TYPE OF VERIFICATION YOU WISH TO REQUEST

Currently Enrolled? __ Yes __ No
Degree Earned? __ Yes __ No
Year Graduated or Anticipated Graduation Date? ____________

__ Degree without GPA
__ Degree with GPA
__ Enrollment Verification without GPA
__ Enrollment Verifications with GPA
__ Student Schedule

Processed once:
__ Current semester grades post
degree post

STUDENT IDENTIFICATION OR SSN                         TODAY’S DATE

LAST NAME:                                             M.I.:
FIRST NAME:
LAST NAME (PREVIOUS):
EMAIL/PHONE:

COMPLETE ADDRESS OR FAX NUMBER OF VERIFICATION DESTINATION
Please print clearly. You are responsible for complete and legible information.

__ Fax        __ Mail        __ Pick Up

NAME:
COMPANY:
ADDRESS:
CITY:       STATE:       ZIP CODE:
FAX NUMBER:

OFFICE USE ONLY

Received By: _____  Date: _____
Processed By: _____  Date Mailed: _____