



# Enrollment Verification

Office of the Registrar

Student ID #: \_\_\_\_\_

Degree/Program: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_  
Last, First Middle

Other Name, if any: \_\_\_\_\_

Student Sig./Date: \_\_\_\_\_

Current Address:

Street \_\_\_\_\_

City State Zip Code

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Send Verification to (or specify "Hand Carry/Pick Up"):

Name of Institution, Business, or Person \_\_\_\_\_

Street \_\_\_\_\_

City State Zip Code

Special Instructions (i.e. for insurance company, letter of completion, for employer, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For Office Use Only:

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_  
Registrar

rlm 6.29.12

~~~~~ CUT ALONG LINE ~~~~~



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