

ENROLLMENT VERIFICATION REQUEST FORM

Name: _____

Previous Last Name: _____
(If Different)

Social Security Number: _____

Phone: _____

Birth Date: _____

I am requesting my Enrollment Verification for the Academic Period of:

Spring _____ Summer _____ Fall _____ Year _____

PROCESSING DETAILS:

Please tell us where and how you would like us to send your Enrollment Verification by providing the information below. Please note, you can choose **ONLY ONE** method of delivery per request.

Email Enrollment Verification to: _____

Fax Enrollment Verification to: _____

Mail Enrollment Verification to: _____

Name _____

Street _____

City, State, Zip _____

Your Signature _____

Date Of Request _____

Note: Please allow 3 - 5 working days to process all requests.

