

# Enrollment Verification Request Form

**Student's Information:**

Date: \_\_\_\_\_

Student's Name (Print) \_\_\_\_\_ TNumber \_\_\_\_\_

Local Mailing Address \_\_\_\_\_  
*Street Address* *City* *State* *Zip Code*

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Student's Signature \_\_\_\_\_

**Verification Type:**

- |   |   |
|---|---|
| <input type="checkbox"/> <i>Academic Standing</i>   | <input type="checkbox"/> <i>Anticipated Graduation Date</i> |
| <input type="checkbox"/> <i>Classification</i>      | <input type="checkbox"/> <i>Cumulative GPA</i>              |
| <input type="checkbox"/> <i>Current Enrollment</i>  | <input type="checkbox"/> <i>Current Major</i>               |
| <input type="checkbox"/> <i>Degree Verification</i> | <input type="checkbox"/> <i>Enrollment History</i>          |
| <input type="checkbox"/> <i>Graduation Date</i>     | <input type="checkbox"/> <i>Pre-registration</i>            |
| <input type="checkbox"/> <i>Residence</i>           | <input type="checkbox"/> <i>Other:</i> _____                |

**Delivery Options:** Fax: \_\_\_\_\_  
*Name/Company*\_\_\_\_\_  
*Fax Number* Mail: \_\_\_\_\_  
*Name/Company*\_\_\_\_\_  
*Street Address*\_\_\_\_\_  
*Apt.*\_\_\_\_\_  
*City*\_\_\_\_\_  
*State*\_\_\_\_\_  
*Zip Code*

**\*Please allow 2-3 working days for completion during non-peak times; 3-5 working days during peak times**