

Enrollment Verification Request Form



T Number:	Date:			
Last Name:	First Name:	Middle Name:		
Local Mailing Address:				
	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
Telephone Number:				
Student's Signature:				
Verification Type:				
<i>Academic Standing</i>		<i>Anticipated Graduation Date</i>		
<i>Classification</i>		<i>Cumulative GPA</i>		
<i>Current Enrollment</i>		<i>Current Major</i>		
<i>Degree Verification</i>		<i>Enrollment History</i>		
<i>Graduation Date</i>		<i>Pre-registration</i>		
<i>Residence</i>		<i>Other:</i>		
Delivery Options:				
Fax:				
	<i>Name/Company:</i>			
	<i>Fax Number:</i>			
Mail:				
	<i>Name/Company:</i>			
	<i>Street Address:</i>		<i>Apt.:</i>	
	<i>City:</i>	<i>State:</i>	<i>Zip:</i>	

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

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