



Request for Enrollment Verification

Name: _____ Social Security #: _____

Signature: _____

Phone number: _____

Program of Study: _____

Today's Date: _____

Please Check one:

*It is the **student's responsibility** to provide the complete mailing address and/ or fax number (including area code) to ensure that the verification is sent to the appropriate location.*

Please mail my verification to the following address:

Please fax my verification to the following fax number:

(____) _____

I will pick up my verification. *Verification will be ready for pick up in the Student Services Office two (2) working days after request is submitted.*

Registrar's Office Use Only

Date Received: _____

Date Processed: _____

Date Mailed/ Faxed: _____