

Verification of Enrollment - Request Form

Student Name: _____ ID#: _____ Date of Birth: _____

Person requesting Enrollment Verification if other than student:

Name: _____ Relationship to Student: _____

Telephone Number: _____ E-mail Address: _____

Enrollment Verification for: Year: _____ Fall Spring Mayterm

Please include the following information in Verification: _____

I will pick up my Enrollment Verification from the Student Records Office

Please send Enrollment Verification as an **e-mail attachment** to:

Name: _____

Organization: _____

Phone Number: _____

E-mail Address: _____

Please **fax** my Enrollment Verification to:

Organization: _____

Attention: _____

Phone Number: _____

FAX Number: _____

Please **mail** my Enrollment Verification to:

Organization: _____

Attention: _____

Street: _____

City-State-Zip: _____

*Student Signature (only required to release good student GPA)

Date

**If verification request sent as an e-mail attachment from student's Westmont e-mail address, signature is not required*

Student Records Office - Date Completed: _____