

Verification of Enrollment – Request Form

Name: \_\_\_\_\_ ID# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Units: \_\_\_\_\_

Verification for: (Circle all that Apply)

FALL / SPRING / MAYTERM      Year \_\_\_\_\_

Please send to the following address:

Please fax to the following:

	Attn:
	Phone #:
	Fax #:

Please include the following information: \_\_\_\_\_

**Good Student Verification GPA Authorization:** \_\_\_\_\_

Student Signature

Mail      Fax      Pick-up      E-mail      Date Completed: \_\_\_\_\_