<u>Verification of Enrollment – Request Form</u>

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

Verification for:

        Semester(s): _____   Year(s): _____

☐ Please include the following information: _____

<u>Delivery Options</u>

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

☐ Please mail to the following address:

Attention:	
Company:	
Street Address:	
City / State / Zip Code	

☐ Please send the Verification as an email to the following:

Attention:	
Email Address:	

Good Student Verification GPA Authorization: _____

                                                 Student Signature

Student Records Office Will Complete Below

    Mail   Pick-up   E-mail   Date Completed:_____