Enrollment Verification Request Form

(Please print clearly)

Name: _____ Date: _____

SSN: _____ Student ID: _____

Check One: _____ Undergraduate _____ Graduate

Semester(s): FALL _____ SPRING _____ SUMMER _____
year **year** **year**

Pick-up: _____

Fax to: _____

Mail to: _____

_____

Signature _____