Verification of Enrollment Request

Student Name

Last ___________________________ First ___________________________ Middle Initial ___________________________

Student ID Number _______ _______ _______ _______ _______

Birthdate ___ ___ ___ ___ ___ ___ ___ MM-DD-YYYY

Indicate Year and Quarter to be verified:

Year ________________________

☐ Summer  ☐ Fall  ☐ Winter  ☐ Spring

Check Type of Verification needed:

☐ Unemployment Progress Report  ☐ Loan Deferment

☐ Good Student Discount  ☐ Medical Insurance

☐ Other (be specific) ___________________________

Signature: ___________________________

Request cannot be processed without student’s signature.

☐ Pick-Up (Allow 3 business days for processing; usually available after 3:30 pm on day 3. Additional delays may occur during the first week of registration and the first week of the quarter. Photo ID required for pick-up).

☐ Mail: ___________________________

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NOTE: FAX SERVICES ARE NOT AVAILABLE FROM THIS OFFICE

Rev. 10/14/2016