

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) _____

Request cannot be processed without student's signature.

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: _____

NOTE: FAX SERVICES ARE NOT AVAILABLE FROM THIS OFFICE