Verification of Enrollment Request

Student Name ____________________________          ____________________  ______________
  Last                       First                         Middle Initial

Student ID Number __ __ __ - __ __ - __ __ __ __        Birthdate __ __ __ __ __ __ __ __ __
  (M M D Y Y Y)

INDICATE YEAR AND QUARTER TO BE VERIFIED:          YEAR: ____________

☐ Summer       ☐ Fall       ☐ Winter       ☐ Spring

Check Type of Verification needed: (Indicate ONLY what you need included in your letter)

☐ Enrollment Status:
  ☐ Current quarter, Registered
  ☐ For upcoming quarter, Registered

☐ GPA
  ☐ Number of Credits Completed
  ☐ Number of Credits currently registered

☐ Unemployment Progress Report
  ☐ Good Student Discount

☐ Other: (please be specific) ____________________________________________
  ____________________________________________
  ____________________________________________
  ____________________________________________

Request cannot be processed without student’s signature.

Signature: ____________________________ Date: ____________________________

☐ HOLD for Pick-Up (Allow 3 business days for processing. If you have not picked up your verification after 30 days, it will be shredded).

☐ FAX to: FAX Number ( ________ )__________ – ____________________________

☐ MAIL TO: ____________________________________________
  ____________________________________________
  ____________________________________________

  Photo ID required for pick-up

Rev. 10/11/2018