



## Enrollment Verification Request

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Student ID Number or Social Security Number \_\_\_\_\_

For which semester are you requesting verification (ex. Spring 2010) \_\_\_\_\_

(Please Check)

Pick Up (Available within three business days)

Fax: # \_\_\_\_\_

Mail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_