



REGISTRAR'S OFFICE

ENROLLMENT VERIFICATION REQUEST FORM

Date: _____

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Maiden</i>
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Social Security Number _____ Are you currently enrolled? _____

If not currently enrolled, give the last Quarter/Semester year you were enrolled _____

Please send verification of enrollment to the address(es) listed below:
(Provide Complete Address)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Periods to be verified are: Quarter/Semester _____ Year _____
 Quarter/Semester _____ Year _____
 Quarter/Semester _____ Year _____
 Quarter/Semester _____ Year _____

Anticipated Graduation Date _____

Office Use Only

Verification Mailed _____ Staff Representative _____