

ENROLLMENT VERIFICATION FORM

Student Name: _____

Current Address: _____

Date: _____

Requested by: _____

Home Phone: _____ - _____ - _____

Work Phone: _____ - _____ - _____

Verification Requested:

- Full-Time Enrollment
- Graduation Verification
- Academic Standing

Time Period To Be Verified:

- Spring Semester 20__
- Fall Semester 20__
- Calendar Year 20__ - 20__
- Academic Year 20__ - 20__

Mail or Fax to: _____

I hereby authorize the release of the information requested.

Student Signature: _____