



Please check one: Enrollment Verification Graduation Verification

Student Name: _____ **Student ID #:** _____

Semester of enrollment to be verified: FALL SPRING Year: _____

OR

For graduation verification - Month / Year of Graduation: _____

Send verification(s) to (check all that apply):

Address: _____ **# of copies:** _____

Fax #: _____
Attn: _____

E-mail: _____

Please indicate an insurance policy number(s) or any other information that you would like included in this verification: _____

Notes:

- We cannot verify enrollment until a student is actually enrolled in classes.
- Allow up to 5 business days to process your verification request.