

Enrollment Verification Request Form

Date:

Name:

Last 4 of SS#:

Date and month of Birth:

Please choose how you would like your request processed:

Pick up the enrollment verification in one business day

Have the enrollment verification faxed to the following:
Fax Number: _____

Attention: _____

Have the enrollment verification emailed to the following:

Email: _____

Attention: _____

Have the enrollment verification mailed to the following:

Student Signature: _____

For Office Use Only:

Date Processed:

Initials: