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Student ID Number

Last Name (Please print clearly)

First

Middle

Type of Verification Needed:

Term Enrollment

Term:

Year:

Anticipated Graduation

(Check one)

Fall

Spring

Summer

How would you like the verification delivered?

Pick-Up

Fax Fax # and name of individual to receive Fax: _____

Email Email address and name of individual to receive email: _____

Mail Mailing address and name of individual to receive letter: _____

NOTE: For verification to be processed, you must be enrolled in classes for the requested term(s).

If submitted for Good Student Insurance Discount, a signed release from the student must accompany the form.

Please allow 3 business days for processing of your verification request.

Student's Signature

Date

Current phone number

******Current students may also verify their enrollment with the National Student Clearinghouse through Self-Service link of the Student Hub. If the National Student Clearinghouse can confirm the enrollment the response is immediate and you will be able to print and/or obtain a PDF version of the certificate.******

Office use only: Processed by (initials): _____ Date: _____