



ENROLLEMENT/DEGREE VERIFICATION REQUEST

Student Name: _____

Student ID# or SSN: _____

Phone: _____ Email: _____

Major: _____ Expected Graduation Date: _____

SELECT DELIVERY METHOD:

I will pick up at the _____ campus location.

Mail to:

Print complete name and address of receiving party:

Fax to:

Print fax number of receiving party:

Please provide Enrollment Verification Degree Verification to the party listed above.

Signature is required to process request.

Student Signature

Date

