



Enrollment/Degree Verification Request

Student Name: _____

Student ID# or SSN: _____

Phone: _____ Email: _____

Major: _____ Expected Graduation Date: _____

I will pick up

Mail to:

Print complete name and address or 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



For Office Use Only (Do not write below this line)

Term	Begin	End	Full Time/At least Half Time/Less than Half Time

Major verified by: _____ Expected Graduation Date verified/corrected: _____ Graduated(Y/N): _____

Degree: _____ Major: _____ Last Date of Attendance/Graduation: _____

Received by: _____ Date: _____