ENROLLMENT VERIFICATION REQUEST

FILL OUT A SEPARATE FORM FOR EACH ENROLLMENT VERIFICATION REQUEST.

IF GRADES ARE NEEDED, PLEASE SUBMIT A TRANSCRIPT REQUEST.

PROCESSING TIME: 2 DAYS

~ Please Print in Ink or Type ~

Student NSHE ID#________________________        Phone Number: (_______)_______________________

Student Legal Name: _____________________________________________________________   Email: ________________________________

Area Code

Student Signature: __________________________________________________________________________ Date: _________________

Check one:
For which semester
  o  Fall 20________
  o  Spring 20________
  o  Summer 20________
  o  All Semesters

Check one:
Delivery Option:
  o  Pick Up (at reception desk)
  o  Fax to: ________________________________
  o  Send to: ________________________________
      ________________________________
      ________________________________

OFFICE OF THE REGISTRAR USE ONLY
ID Verified by: _____________________
Processed by: _____________________
Date: _________________

Updated 10/11