



# Verification of Enrollment

## Student Information

Student ID #:		Today's Date:	
Last Name:	First Name:	Middle Name:	
Semester Requested for Verification of Enrollment:			

## Reference Information

Parent's Full Name:		
Policy #:	ID#:	Group#:
Additional or Other Information:		

## MAIL or FAX Verification of Enrollment Letter to:

Company Name:	Attention:	
Street Address or PO Box:		
City:	State:	Zip Code:
FAX Number:	Phone Number:	

Verification of Enrollment Letters are completed after late registration. Letters will be mailed or faxed as indicated above within 10 business days after late registration for the semester requested. Please note that Verification of Enrollment Letters may not be mailed to or picked up by the student/student's parent.

## Signature

Student's Signature:	Date:
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Submit this completed form to THE OFFICE of ADMISSIONS & RECORDS for processing.