



Request for Enrollment Verification Letter

If you will be submitting this form via email, please include the words “[PC-Encrypt]” in the subject line to ensure that your message is sent securely.

Date: _____

Name: _____

Grad Year: _____

Last four digits of Banner ID #: _____

Purpose of Request: Scholarship Insurance Housing

 Other: _____

Enrollment Verifications contain directory information (Dates of Attendance, Expected Graduation Date, Term Dates, Program of Study, Credit Hours). Please indicate below if you would like to include any non-directory information in the letter.

GPA Home Address Birthday Other: _____

By signing below, I authorize the inclusion of this additional non-directory information in the requested letter.

Pick up a printed copy at the Office of the Registrar

Pick Up Date: _____

Email electronic copy or mail paper copy of enrollment verification to:

Student Signature (required) : _____