

# Enrollment Verification Request Form

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**SS#:** \_\_\_\_\_

**Please choose how you would like your request processed:**

Pick up the enrollment verification in one business day

Have the enrollment verification faxed to the following:

Fax Number: \_\_\_\_\_

Attention: \_\_\_\_\_

Have the enrollment verification mailed to the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Signature:** \_\_\_\_\_

For Office Use Only:
Date Processed: _____ Initials: _____