

**AUTHORIZATION FOR RELEASE OF INFORMATION
[Enrollment Verification]**

STUDENT NAME: _____

STUDENT ID NUMBER: _____

DATE OF REQUEST: _____

TELEPHONE NUMBER: _____

PLEASE CHECK ONE:

I will pick up the verification document in the Registrar's Office
(Please allow 3 to 5 working days for processing)

Send the verification form to the address below:

NAME: _____

STREET: _____

CITY, STATE, ZIP CODE: _____

Fax information to: _____

Email information to: _____

TERM(S) TO BE VERIFIED:

Term Year:		
<input type="checkbox"/> Fall	Spring	<input type="checkbox"/> Summer

Please indicate the nature of your request:

<input type="checkbox"/> Disciplinary
<input type="checkbox"/> Dates of enrollment
<input type="checkbox"/> Enrollment status
<input type="checkbox"/> Letter of Non-Attendance
<input type="checkbox"/> Good-academic standing
<input type="checkbox"/> Graduation or Anticipated Date Of
<input type="checkbox"/> Other:

Verifications are completed **after the conclusion of the drop/add dates.**

I understand that verifications will only be processed if I have no obligations on file.

I understand this form must be completely filled out or the letter cannot be processed.

I accept full responsibility for making sure that all forms turned in by me requiring my personal information, including my signature, are properly completed.

STUDENT'S SIGNATURE