

**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, Anticipated Date of Graduation
<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