

**ENROLLMENT VERIFICATION REQUEST**  
*(Waiting period 5 to 7 days)*

**Request Type** (*Check one*)

**Full-Time Letter**     **Half-Time Letter**     **Good Student Discount**     **Loan Deferment**     **GED Letter**     **Degree Verification**     **Other**

**STUDENT NAME:** \_\_\_\_\_ **SSN: #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **HOME PH#** (\_\_\_\_) \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**SEMESTER REQUESTING:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_

**Please check one:**         **MAIL TO STUDENT**

**or**         **MAIL TO COMPANY** (*Must provide Form from Company*)