

VERIFICATION OF ENROLLMENT OR GOOD STANDING REQUEST FORM

Office of the Registrar

FULL NAME \_\_\_\_\_  
Last First Middle

Today's Date \_\_\_\_\_

ID# \_\_\_\_\_

Number of copies: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Notations to be included:

Enrollment Status for:

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year \_\_\_\_\_

For:

\_\_\_\_\_ Health Insurance

\_\_\_\_\_ Car Insurance

\_\_\_\_\_ Other

\_\_\_\_\_ Include GPA? YES/ NO

Pick up \_\_\_\_\_

Mail to:

Send to Box # \_\_\_\_\_

Fax # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_