

ENROLLMENT VERIFICATION FORM

Office of the Registrar 514 University Avenue Selinsgrove, PA 17870-1164 Phone: (570)372-4109 Fax: (570) 372-2753

Student Name:
Current Address:
Current Address.
Date:
Requested by:
Home Phone:
Work Phone:
Verification Requested:
Full-Time Enrollment
Graduation Verification
Academic Standing
Academic standing
Time Period To Be Verified:
Spring Semester 20
Fall Semester 20
Calendar Year 20 20
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Academic Year 20 – 20
Mail or Fax to:
I hereby authorize the release of the information requested.
i necest authorize the release of the information requested.
Student Signature:

Allow 24-48 hours processing time. Student's signature required only if requesting inclusion of confidential information in verification letter.