



Request for Verification of Student Enrollment

Please note: VERIFICATIONS ARE MAILED AND CANNOT BE FAXED.

Name: _____ Student ID# _____

Date of request: ____/____/____

Please check:

- Undergraduate student
- Graduate student

Anticipated date of graduation: ____/____/____

Please indicate purpose of verification request:

- Health Insurance – *must provide* insurance information on a separate sheet of paper (photocopy of policy bill or insurance card, front and back, are acceptable). Your policy number is essential for your insurance company to process your verification. Policy information is not required if you are picking up your verification.
- Student Loan Deferment – will *not* be processed without anticipated date of graduation.
- Car Insurance – *must provide* insurance/agent information on a separate sheet of paper (ID card photocopies acceptable). Verifications are mailed and may not be picked up.
- Other – employment, scholarship, purchasing a new car, etc. Please indicate usage:

Please indicate method of delivery:

- will pick up.
Please note: verifications are available to be picked up 2 days from the date of request.
- mail. You *must include* a self-addressed stamped envelope with this request.

Additional Comments:

Requests for emergency verifications may be processed with 24 hour notice.

Please include a statement regarding circumstances requiring emergency verification (may be included in space above for comments).

Student's signature: _____

Verification may not be processed if all information is not provided.

This form may be FAXED (for pick up only) to 610-436-2370 ATTN: VERIFICATION.
Return this form to the Office of the Registrar.