

**REQUEST FOR ENROLLMENT VERIFICATION**

Please complete the information below to request an Enrollment Verification letter.

Student:

*Last Name First Name MI*

Student ID: Date of birth: / /

 *(mm/dd/yyyy)*

Contact information: Email: Phone:

Semester of verification:

 *(i.e. Fall 2012, 2012-2013 academic year, all dates of attendance)*

For Insurance verifications:

 *(parent or guardian) Insured ID#*

Additional instructions: Please indicate which of the following should be included:

 Academic Good Standing Eligibility to return

 Graduation date Major

Check all that apply:

\_\_\_\_Mail to:

 *Name*

 *Street or PO Box*

 *City ST Zip*

\_\_\_\_Email to:

 *Email address*

*Attention to:*

\_\_\_\_Fax to:

 *Fax number*

 *Company Name*

 *Attention to:*

Return this form to: Office of the Registrar

 Manchester University

 604 East College Avenue

 North Manchester IN 46962

 Or Fax: 260-982-5451

 Or email to: registrar@manchester.edu