

**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