



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