



**Enrollment Verification Request**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Cumberland Campus Student ID# \_\_\_\_\_ Last 4 digits SS# **XXX - XX -** \_\_\_\_\_

I hereby grant permission for the release of the following information:

Semester/Year		Enrollment Status
<input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer I _____	<input type="checkbox"/> Summer II _____ <input type="checkbox"/> Summer III _____ <input type="checkbox"/> Summer IV _____	<input type="checkbox"/> Full-Time (12 or more credits) <input type="checkbox"/> Half-Time (6-11 credits) <input type="checkbox"/> Less than half-time (1-5 credits)
<b>Other:</b>		
<input type="checkbox"/> Dates of Attendance <input type="checkbox"/> Grade Point Average (GPA)	<input type="checkbox"/> Anticipated date for graduation <input type="checkbox"/> See attached form or letter	<input type="checkbox"/> Letter for Jury Duty <input type="checkbox"/> Other Reason: _____
<input type="checkbox"/> Pick-up Verification	<input type="checkbox"/> Mail Verification	(Please allow two business days for processing)

Mail To: \_\_\_\_\_

Address: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date Processed: \_\_\_\_\_