

B. Office Initials: \_\_\_\_\_

Charges Paid: \$ \_\_\_\_\_

Receipt #: \_\_\_\_\_

## Official Request for Verification of Enrollment

STUDENT'S NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

S.I.D. NUMBER: \_\_\_\_\_ SEMESTER TO VERIFY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**REGULAR PROCESSING** \$3.00 per copy – TAKES 5 TO 7 WORKING DAYS AND IT WILL BE MAILED**RUSH** \$10.00 per copy – SAME DAY SERVICE

MAIL TO: NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**A & R OFFICE USE ONLY**

Date Received:

Date Processed:

Processed By: