

B. Office Initials: _____

Charges Paid: \$ _____

Receipt #: _____

Official Request for Verification of Enrollment

(Fill and return to Admissions & Records Office for payment and processing)

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: