

Enrollment Verification Request

Office of Academic Records & Registration

Slippery Rock University

104 Maltby Avenue, Suite 107

Slippery Rock, PA 16057

Phone: 724.738.2010 Fax: 724.738.2936 Email: academic.records@sru.edu

Student Phone Number _____ Today's Date _____

Enrollment Verification for the following semester(s)* _____

*Must be registered for indicated semester(s).

The following information will be included on your enrollment verification:

- Enrollment Status
- Full or Part Time
- Class Level
- Student Type
- Expected Graduation Date
- Primary Curriculum
- Secondary Curriculum
- Credit Hours
- Academic Standing
- Terms Attended
- Last Term Attended
- Enrollment History

Would you like your Social Security number listed? Yes (requires student's signature below) No

Would you like your Cumulative GPA listed? Yes (requires student's signature below) No

- I will pick up this verification.
- I give permission to have this verification picked up by the following person: _____
- Mail this verification to the address below: _____ (ID Required)
- Fax this verification to the fax number below: _____
- Email this verification to the email address below: _____

Mail/Fax/Email Verification to:

Name _____

Organization/ Office _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Student Signature _____ **Date** _____

Allow 3-5 business days for processing and additional time for standard mail delivery.