

# 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        | - Secondary Curriculum |
| - Full or Part Time        | - Credit Hours         |
| - Class Level              | - Academic Standing    |
| - Student Type             | - Terms Attended       |
| - Expected Graduation Date | - Last Term Attended   |
| - Primary Curriculum       | - 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.*