

**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**

**Enrollment Verification Request Form**

Name \_\_\_\_\_ Student Rock ID No. A0 \_\_\_\_\_

Phone Number \_\_\_\_\_ Today's Date \_\_\_\_\_

**I am requesting an Enrollment Verification for the following 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: \_\_\_\_\_  
(ID Required)

- Please mail this verification to the following address
- Please fax this verification to the following number
- Please email this verification to the following email address

Mail/Fax/Email Verification to:

Name \_\_\_\_\_

Organization/ Office \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

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

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Request received via phone \_\_\_\_\_ **Date** \_\_\_\_\_  
Name of Worker