

**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**

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
- 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: _____
(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