

ENROLLMENT VERIFICATION REQUEST

OFFICE OF THE REGISTRAR

2600 Sixth Street S.W.
Canton OH 44710

Phone: 330-363-1232

Fax: 330-580-6654

For Office Use Only

Date Received

Date Processed

INSTRUCTIONS: Enrollment verification is normally requested by insurance carriers and employers. Complete this form as instructed below and submit to the College Office. Please allow 3 days for processing. A separate form is needed for each request.

Fill out this section completely.

FIRST NAME	M.	LAST NAME	STUDENT ID NUMBER
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I authorize the Office of the Registrar to release the requested educationally related information to the agency or person listed below.

SIGNATURE

DATE

Indicate the semester for which you are requesting verification.

TERM: FALL SPRING SUMMER YEAR: 20____

Select the items to be verified.

<input type="checkbox"/> Semester hours earned	<input type="checkbox"/> Projected Graduation Date
<input type="checkbox"/> Semester hours enrolled (for current semester)	<input type="checkbox"/> Semester GPA
<input type="checkbox"/> Degree (s) earned	<input type="checkbox"/> Cumulative GPA

Please check appropriate box.

<input type="checkbox"/> I will pick up verification	<input type="checkbox"/> Fax _____	<input type="checkbox"/> Mail to the below address
COMPANY NAME		ATTN TO:
COMPANY ADDRESS	CITY	STATE ZIP