AULTMAN COLLEGE

ENROLLMENT VERIFICATION REQUEST

OFFICE OF THE REGISTRAR

2600 Sixth Street S.W.
Canton OH 44710
Email: Registrar@aultmancollege.edu
Phone:330-363-1232
Fax: 330-580-6654

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

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.

❑ Semester hours earned	❑ Projected Graduation Date
❑ Semester hours enrolled (for current semester)	❑ Semester GPA
❑ Degree (s) earned	❑ Cumulative GPA

Please check appropriate box.

❑ Mail to the below address	❑ Fax _____		
COMPANY NAME			ATTN TO:
COMPANY ADDRESS	CITY	STATE	ZIP