



## 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

*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

*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