



ENROLLMENT VERIFICATION REQUEST

OFFICE OF THE REGISTRAR

2600 Sixth Street S.W.
Canton OH 44710

Phone: 330-363-1232

Fax: 330-580-6654

<p><i>For Office Use Only</i></p> <p>_____</p> <p align="center"><i>Date Received</i></p> <p>_____</p> <p align="center"><i>Date Processed</i></p>
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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
<p><i>I authorize the Office of the Registrar to release the requested educationally related information to the agency or person listed below.</i></p> <p>_____</p> <p align="center">SIGNATURE DATE</p>			

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