REQUEST FOR VERIFICATION OF ENROLLMENT

Instructions: Please complete the information below and submit this form to

Registrar’s Office Fax: 719/587-7416
Adams State University e-mail: registraroffice@adams.edu
Alamosa, CO 81101

I, __________________________________________ SSN: ________________.
(Please Print Name/ First, Middle, Last)

HEREBY REQUEST THAT THE ASC RECORDS OFFICE FURNISH VERIFICATION CONCERNING MY ENROLLMENT AT ADAMS STATE UNIVERSITY, AS REQUESTED BELOW:

PLEASE:         MAIL______                  FAX______                  OR I WILL PICK UP______

SEMESTER(S) TO BE VERIFIED: __________________________________________
(ASU can only verify enrollment up to and including the current one)

DATE I EXPECT TO GRADUATE: _______________________

PLEASE SEND TO:

Name of Person/Company __________________________________________

Attention Of (optional):___________________________________________

Member Number (Optional):________________________________________

Group Number (Optional):________________________________________

Address:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Town State Zip Code

SIGNED: __________________________________________             ______________
(Student Signature Requested)                                 Date

While a student signature is requested, it is not mandatory, as this information is considered directory information and can be released without student written consent. Please see the ASU Student Handbook, p.35 for a full description of student directory information.