



Office of the Registrar

ENROLLMENT VERIFICATION

Name: _____ AMCUID _____

Signature: _____ Date: _____

Reason for Letter:

____ INSURANCE COMPANY VERIFICATION

____ EARLY GRADE LETTER

Include policy ID number. *If insurance is in parent's name you **must include parent's complete name.***

Include school's address if we are mailing directly to the home institution.

____ LETTER OF NON ATTENDANCE

____ OTHER/STATE REASON BELOW

State the semester(s) you need verified:

Note: Allow 3 to 5 working days for processing

Will you pick up this letter? YES NO (Letters not picked up will be discarded)

Mailing Address

