



Office of the Registrar

## Enrollment Verification Request

Name \_\_\_\_\_

AMSCID \_\_\_\_\_

DOB \_\_\_\_\_

Last four digits of SSN \_\_\_\_\_

Semester(s) to be verified

or

Letter of Non Attendance


Address for mailing verification (requests without an address will be available for pick up in the Student Services and Success Center)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Early Grade Letter  
Address for mailing

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_