

Type of Verification:	Enrollment	Anticipated Graduation Date	Academic Standing
Other	_____		
Currently Enrolled:	Yes	No	If yes, Undergraduate Graduate If No, last semester attended:_____
I am requesting Enrollment Verification for:	Health Coverage	Employment	Government Agency Other
(Students requesting verifications for health coverage should include the subscriber's name)_____			

Please select applicable options:	Mailed	Pick Up	Fax (\$6.00 fee, check or money order)
If mailing, submit EXACT ADDRESS where enrollment verification should be sent and if faxing, submit FAX NUMBER AND CONTACT PERSON to which enrollment verification should be sent:			
Name_____	Name_____		
Address_____			