REQUEST FOR VERIFICATION OF ENROLLMENT

IMPORTANT: Mount Saint Mary’s University cannot verify enrollment for any term prior to the beginning date of that term. Verification will only be made for current or previous terms. Allow one business day for processing.

INSTRUCTIONS: Fill out form completely. Indicate whether verification is to be mailed by MSMU, faxed by MSMU or picked up by student. If applicable, attach an enrollment form or return envelope.

☐ Doheny Campus ☐ Chalon Campus ☐ Form attached

MSMU ID#: ___________________ Degree: (circle one) AA/AS BA/BS GR CERT

Last name: ___________________ First: ____________________________

Anticipated grad date: ______________ Phone #: ______________________

This verification is intended for: ________________________________

Requesting verification for: ☐ Fall _______ ☐ Spring _______ ☐ Summer _______

Check One: ☐ I will pick up verification. (Note: this option will require a picture ID)

☐ Please mail verification in the envelope I have attached.

☐ Please fax verification to: ________________________________

☐ Please mail verification to: ________________________________

I certify that I am the above person and the information I have provided is accurate.

Signature: ___________________________ Date: __________________

***Registrar’s Office Use Only***

The Registrar’s Office has released this information in accordance with the Family Education Right and Privacy Act of 1974. This information cannot be released to another party without the written consent of the student.

Processed by: ___________________ date ______________

form revised 1/6/2015