

# ENROLLMENT VERIFICATION REQUEST

Name (please print) \_\_\_\_\_

ID# or SSN# \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Hold for pick-up**

**Mail form to** \_\_\_\_\_

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

\*\* Return to the Registrar's Office in FO 144 or fax it to (414) 382-6478  
or email to registrar@alverno.edu\*\*

<u>Office Use Only</u> ____ Date Received ____ Initials ____ Date Completed
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