



ENROLLMENT VERIFICATION REQUEST

Student ID or SSN: _____ Date of Birth: _____
Name: _____ Previous Names: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

My hand-written signature authorizes the Registrar's Office to release the information listed below.

Note: we do not accept electronic font for your signature. Signatures must be hand-written.

Signature: _____ Date: _____

The Enrollment Verification Request will contain your name, date of birth, the terms for which you were enrolled, the start/end date of those terms, your academic level, credits attempted, your enrollment status (full-time or part-time), your major, and graduation date.

Select One:

Pickup Mail to me at address above Email to me at email above
 Mail to another person at address below Email to another person at email address below

Mail to (include Name and Address of recipient):

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

OR email to:

Name of recipient: _____
Email Address: _____

Return your form using a method below. Please call after submitting to ensure your request was received.

Registrar's Office
Alverno College
PO Box 343922
Milwaukee, WI 53234-3922

Phone: 414-382-6370
Fax: 414-382-6478
registrar@alverno.edu

OFFICE USE ONLY	
Date Received	_____
Initials	_____
Date Completed	_____