



ALVERNO  
COLLEGE

## Enrollment Verification Request

Student ID or SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Previous Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My signature authorizes the Registrar's Office to release the information listed below:

*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.*

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

**Select One:**

- Pickup      Mail to me at address above      Email to me at email address 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: \_\_\_\_\_

Submit this form to the Registrar's Office in FO144 or use one of the methods listed below:

**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: \_\_\_\_\_