



University of Lynchburg

ENROLLMENT VERIFICATION REQUEST

Complete and return to the Office of the Registrar.

Student Name: _____ Birth Date: _____ Last 4 SSN: _____

Student Level: Check Any That Apply:

- Undergraduate
- Graduate
- Form Attached**
- Envelope Enclosed
- Pick Up (allow up to two days)
- Email it to me (provide email address below)

Indicate below the enrollment information to be certified:

- Current Semester Enrollment - includes dates and enrollment status (full-time or part-time)
- Current Academic Year Enrollment - includes dates and enrollment status (full-time or part-time)
- Advance Registered for upcoming semester - includes dates and enrollment status (full-time or part-time)
- All Previous Enrollment - includes dates and enrollment status (full-time or part-time)
- Anticipated Graduation Date
- Degree Conferred Date with Degree and Major
- Home Address
- Local Address
- Leave of Absence*
- Semester Classification*
- Semester QPA*
- Cumulative QPA*
- Total Credits Earned*
- Date of Birth
- Other: _____

Address or fax number where enrollment verification is to be mailed:

Name: _____	Fax #: _____
Street 1: _____	Attn: _____

City/State/Zip: _____	
Email: _____	

Student Signature: _____ Date: _____
Phone Number: (_____) _____

***Student signature required for release of this information.
**The Office of the Registrar attaches the enrollment verification statement to any original form supplied.
The verification provides information requested on the form.**