

Office of the Registrar

Enrollment Verification Request Form

If you have an external enrollment verification form that needs to be completed (e.g., from an insurance company) <u>please attach it to this form</u> and select the appropriate box below.

In keeping compliance with FERPA, enrollment verification requests may only be submitted by the student. Forms will not be processed without student's signature. Student may send the form to registrar@wittenberg.edu from their Wittenberg email address, or bring the form to Recitation 21.

Student				
Name: Last	First			MI
Student ID#	Phone Number	Email		
Please choose from	n the following:			
☐ Please select if you	want to PICK UP the verifi	ication		
☐ FAX the verification	: Attention:	Fax n	number: (-
☐ SCAN & EMAIL:	Email address:			
☐ PHYSICAL MAIL:	To:			
	Address:			
	City:	State	e: Zip:	
Request Information	n:			
☐ I need a lette	er of good academic star	nding.		
My signature	ernal verification form co authorizes that all inforr Please send it through r	mation requested on t	the external orga	-
□ I need an en	rollment verification lette	er stating I (am/was/w	ill be) a full- or p	art-time student.
The enrollment lett	er needs to verify that	I am enrolled / was	enrolled / am p	re-registered:
☐ Current Semester	□ Full En	rollment History	□ Next Sem	ester
☐ Please attach my list in progress co	current course schedule urses	with explanation tha	t Wittenberg's tra	anscript does not
☐ University Seal ne	eded (embossed on the	paper; may not be v	isible on scanne	d or faxed letters)
Student's Signature			Date	
	For Office	of the Registrar Use Onl	V	

Date Processed:

Processed by: