



SOUTHWESTERN UNIVERSITY

VERIFICATION OF ENROLLMENT

PLEASE CLEARLY PRINT ALL INFORMATION

STUDENT INFORMATION

Name: _____
Last First Middle

Student ID or SS#: _____ Date of Birth: _____

SU Email: _____@southwestern.edu Phone: _____

INFORMATION REQUESTED FOR VERIFICATION (SELECT ALL THAT APPLY)

Verification of Enrollment (full- or part-time status) Fall 20_____ Spring 20_____ *Select one or more*

Verification of Degree Completion

Number of Credit Hours Cumulative Fall 20_____ Spring 20_____ *Select one or more*

GPA

Printed Class Schedule Fall 20_____ Spring 20_____ *Select one or more*

Other: _____

SEND VERIFICATION TO

Individual/Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Fax Number: _____

Email: _____

I certify that I am the person whose name appears on the student's name line of this form and do hereby authorize release of the requested academic information to the person or company indicated.

Student Signature: _____ Date: _____