



# 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: \_\_\_\_\_

*\* Southwestern University can only verify enrollment for the current semester or upcoming semester(s) in which the student has already registered for classes.*

### 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: \_\_\_\_\_

Center for Academic Success and Registrar • PO Box 770 • Georgetown, TX 78627  
Phone: 512-863-1952 • Fax: 512-863-1685 • registrar@southwestern.edu