



# Verification of Enrollment Request

**Forms will be processed within 48 hours**

This form is used to verify a student's current or past enrollment dates, expected date of graduation, or other pertinent information contained on the student's academic record at Kutztown University.

**Note: No information will be verified if the student's records are sealed because of restrictions!**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Daytime Phone (cell): \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_

### Check status while attending Kutztown University:

- Undergraduate
- Graduate
- Instructional Certification Student

Expected date of graduation: (this must be completed) \_\_\_\_\_  
Month \_\_\_\_\_ Year \_\_\_\_\_

**Place a checkmark in the box next to the information you wish to be verified, or specify exactly what you wish to be verified.**

- Current Semester Enrollment Only
- All Dates of Attendance
- Specific dates of Attendance only: \_\_\_\_\_ to \_\_\_\_\_  
Month / Year \_\_\_\_\_ Month / Year \_\_\_\_\_
- Other Specify information that you wish on your verification such as KU Letterhead, School Seal, etc.:

\_\_\_\_\_  
\_\_\_\_\_

For Automobile Good Student Discount - may we release your GPA?

### To whom and where this verification should be sent :

If needed: Insured Parent/Guardian: \_\_\_\_\_  
Name Insurance ID #

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_  
Street City State Zip

Verification to be faxed: \_\_\_\_\_  
Fax Number Contact Person at Company