

ENROLLMENT/DEGREE VERIFICATION REQUEST FORM

Name: _____ Telephone Number: _____

UW-Parkside Email: _____

Student ID or Social Security Number: _____

Semester and Year to be verified: _____

**** YOU MUST BE REGISTERED IN YOUR CLASSES FOR THE SEMESTER REQUESTED ****

Please indicate the items to be included in your enrollment verification:

_____ Name

_____ Social Security Number SSN: _____

_____ GPA Verification -Good Student Discount

_____ Current enrollment status (full time, half time, less than half time)

_____ Dates of terms/semesters you requested above

_____ Degree Verification

_____ Insurance Coverage Policy Holder and Number

Policy Number: _____

Policy Holder: _____

_____ I will pick-up in **5 working days** with my Picture/Student ID

_____ Please mail to:

Name: _____

Address: _____

City/State/Zip: _____

_____ Please fax to: Name of Company: _____

Attention: _____

Fax number: _____

By signing the below, I am authorizing the above information to be released.

_____ Date: _____

Student Signature