

ENROLLMENT 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.

____ 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: _____

____ 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