



Office of Registration & Records
 190 Prospect Ave
 Elmhurst IL 60126
 Ph: (630) 617-3250 Fx: (630) 617-3245

REQUEST FOR ENROLLMENT VERIFICATION

STUDENT NAME _____ I.D. NUMBER _____

Last First

DAYTIME PHONE _____

INFORMATION TO BE VERIFIED: (Check all that apply)

- Enrollment
- Anticipated degree completion Have you attached a form? ___ yes ___ no
- Degree earned
- Other _____

Please print clearly the complete name and address to which information will be mailed or faxed. ***IF YOU ARE PICKING UP THE FORM, WRITE "PICK-UP".***

AUTHORIZATION TO RELEASE INFORMATION _____ / ____ / ____
Student Signature Date