



FOR OFFICE USE ONLY

Date Received:

Processed By:

ENROLLMENT DATA REQUEST

(Please note this request form requires a minimum of 72 hours processing time.)

PLEASE PRINT: _____ PHONE #: _____
NAME (Last) (First) (Middle)

STUDENT ID/SSN: _____ DATE OF BIRTH: _____

Currently Enrolled: YES NO Former Student: YES NO

STUDENT SIGNATURE: _____ DATE: _____

If former student list last date attended: _____

I authorized the Office of the Registrar to release the requested educationally related information to the agency or person listed below:

- ENROLLMENT STATUS SEMESTER(S) _____ YEAR(S) _____
- PROJECTED DATE OF GRADUATION
- DEGREE AND MAJOR

Please choose one of the three methods to transfer the above requested Enrollment Data:

MAIL

NAME _____

ADDRESS _____ SUITE/APT _____

CITY, STATE ZIP _____

FAX

RECIPIENT NAME _____ FAX NUMBER _____

HOLD THE ABOVE REQUESTED ENROLLMENT DATA FOR PICKUP BY:

STUDENT OR OTHER _____
NAME (Must have photo ID)