

Indiana University East
Student Enrollment Verification Request

Name: _____

Address: _____

Phone: _____ Student ID Number: _____

I wish to have the following information verified (please check one of the following options):

Current enrollment: Fall Spring Summer

Enrollment verifications needed for the current semester cannot be completed until the second week of classes.

Past Enrollment: All Specific dates _____

Graduation Date Expected graduation date: _____

I wish to have the verified information (please check one of the following options):

Sent to:

Name: _____

Address: _____

Faxed to:

Name: _____

Fax number: _____

I will pick up the verification Date needed: _____

Date

Signature of Student