

ENROLLMENT VERIFICATION FORM FOR INSURANCE PURPOSES

PLEASE CHECK APPROPRIATE BOXES:

- CURRENT ENROLLMENT FOR THIS SEMESTER ONLY
- ENROLLMENT HISTORY FOR ALL SEMESTERS ATTENDED
- DO YOU WANT TO PICK THIS UP IN OUR OFFICE?
- DO YOU WANT THIS MAILED?
- DO YOU WANT THIS FAXED? IF SO, PLEASE PROVIDE A FAX NUMBER BELOW WITH A CONTACT PERSON.
- DO YOU NEED YOUR GPA (GRADE POINT AVERAGE) INCLUDED?

IF YOU WANT THIS MAILED:

SEND TO: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FAX NUMBER: _____ CONTACT PERSON: _____

STUDENT NAME: _____

DATE: _____

SIGNATURE: _____

SSN: _____