



SUFFOLK  
UNIVERSITY  
BOSTON

## University Registrar's Office Enrollment Verification Form

**Form is processed within 2-3 business days. Please provide all of the information requested.**

Student ID:	_____	Today's Date:	_____	Date of Birth:	_____
Name:	_____				
	Last	First	Middle		
Semester/Year to be verified:	Fall _____	Spring _____	Summer Module _____		

*Any omission of information may delay the processing of this request.*

**Information to Verify:**

<input type="checkbox"/> Credit Hours currently registered	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Credit Hours & Degree Program/Major	_____
<input type="checkbox"/> Credit Hours, Degree Program/Major & Anticipated Graduation Date	_____

**Please check how you would like the Certification sent to you:**

I will pick up Certification (*Letter will be ready within 2-3 business days.*)

Mail Certification to the following address:

Attention _____	(Company/Institution/Person): _____
Street: _____	
City/State/Zip: _____	

Fax Certification: \_\_\_\_\_

Email: \_\_\_\_\_

I authorize Suffolk University to release my information as indicated on this form.

Student Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_