



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:

Credit Hours currently registered Other: _____

Credit Hours & Degree Program/Major _____

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: _____