



Verification of Enrollment Request

OFFICE USE ONLY

Date Entered: _____

Initials: _____

Forms will be processed within 48 hours

This form is used to verify a student's current or past enrollment dates, expected date of graduation, or other pertinent information contained on the student's academic record at Kutztown University.

Note: No information will be verified if the student's records are sealed because of restrictions!

Name: _____ ID#: _____

Daytime Phone (cell): _____ Maiden Name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Student Signature (required) _____ Date: _____

Check status while attending Kutztown University:

Undergraduate Graduate Instructional Certification Student

Expected date of graduation: (this must be completed) _____
Month Year

Place a checkmark in the box next to the information you wish to be verified, or specify exactly what you wish to be verified.

Current Semester Enrollment Only All Dates of Attendance

Specific dates of Attendance only: _____ to _____
Month / Year Month / Year

Other Specify information that you wish on your verification such as KU Letterhead, School Seal, etc.:

For Automobile Good Student Discount - may we release your GPA? ___ YES ___ NO

To whom and where this verification should be sent :

If needed: Insured Parent/Guardian: _____
Name Insurance ID #

Name of Company: _____

Company Address: _____
Street City State Zip

Verification to be faxed: _____
Fax Number Contact Person at Company