

Clarion University of Pennsylvania
REQUEST FOR ENROLLMENT VERIFICATION

This form is used to verify a student's current or past enrollment dates and expected date of graduation at Clarion University.

Please **print** legibly:

Name _____

Clarion ID # _____ Daytime Phone _____

Place a checkmark in the box next to the information you wish to be verified.

- _____ Current semester enrollment only
- _____ Future semester enrollment
- _____ All dates of attendance
- _____ Anticipated date of graduation _____ (Month/Year)
- _____ Degree verification (degree completed date required) _____ (Month/Year)

Your enrollment verification may be taken with you, mailed or faxed. Please allow a few minutes for processing if you want to take your verification with you.

During the *first week* of classes, please allow at least one full business day for processing due to the large volume of forms being processed.

Please provide policy holder information (for insurance purposes) if it needs to be included in your enrollment verification.

Method of Delivery Same day pick-up

Please mail the enrollment verification to this address:
(If mailing home, please include parent(s) name)

Please fax the enrollment verification to this number:

ATTN: _____

Student's signature _____ Date _____

Return completed form to: Registrar's Office, Clarion University, 840 Wood Street, Clarion, PA 16214 or Fax to 814-393-2039.