## Verification Request Form – Eastern Illinois University

Student Legal Name (required - <u>ty</u>	/pe or print clearly):
Student Signature (required):	
E Number (if available):	
Student Date of Birth (required): _	Student phone # (optional)
<ul> <li>Semester and the year, such as: Sem</li> <li>Up to two semesters of <u>current</u> than two semesters you will not semester than two semesters you will not semester you</li></ul>	which semester & year below): Example: Indicate "Spring", "Summer" or "Fall" nester: <u>Fall</u> of Year: <u>2019</u> to request Fall Semester 2019 enrollment verified. <u>at or past</u> enrollment may be requested with verification letters. <u>If you need more</u> <u>eed to order a transcript.</u> We cannot verify enrollment in a future semester but we a future semester if the student has already pre-registered for that semester.
Registration for full-time/¾-time/half- All requests for enrollment verification • Please request enrollment verification	s not available until <u>after</u> Count Day (the 10 <sup>th</sup> class day of the semester). Pre- time/less than half-time is available before Count Day if student has pre-registered <u>n for an upcoming semester will be held until after that semester's Count Day.</u> rification and pre-registration for the same semester on separate forms as we will enrollment verification until after Count Day.
Loan Deferment: (Available after 10 <sup>th</sup> class day: and expected graduation date	Semester (Spring, Summer or Fall): Of Year: Enrolled full-time/%-time/half-time/less than half-time for the current semester or a past semester, dates of semester e)
Enrollment Verification: (Available after 10 <sup>th</sup> class day: semester)	Semester (Spring, Summer or Fall): Of Year: Enrolled full-time/%-time/half-time/less than half-time for the current semester or a past semester and dates of
Pre-Registration: (Available after student has pre half-time for a future semester of	Semester (Spring, Summer or Fall): of Year: e-registered for an upcoming semester through the 10 <sup>th</sup> class day: Pre-Registered full-time/%-time/half-time/less than and dates of semester)
Other:	
(such as requesting degrees awarded) How would you like your verific	cation letter delivered? (NOTICE: Only dates of attendance, full or part-time nailed. No grades, GPA, enrolled hours or academic standing.)
Complete mailing address:	

## Please print clearly and include name, street address or post office box & city, state & zipcode.

Faxed to: Name: \_\_\_\_\_

Fax # (including area code): \_\_\_\_\_

## E-mailed to: \_\_\_\_\_

## Return completed and signed form to:

Office of the Registrar, Eastern Illinois University, 600 Lincoln Ave., Charleston, IL 61920-3099 Fax# 217-581-3412 E-mail: records@eiu.edu