

# REQUEST FOR VERIFICATION OF ENROLLMENT

**IMPORTANT:** Mount St. Mary's College cannot verify enrollment for any term prior to the beginning date of that term. Verification will only be made for current or previous terms. Allow one business day for processing.

**INSTRUCTIONS:** Fill out form completely.  
Indicate whether verification is to be mailed by MSMC, faxed by MSMC or picked up by student.  
If applicable, attach an enrollment form or return envelope.

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Doheny Campus     Chalon Campus     Form attached

ID or SS: \_\_\_\_\_ DOB: \_\_\_\_\_

Last name: \_\_\_\_\_ First: \_\_\_\_\_

Anticipated grad date: \_\_\_\_\_ Phone #: \_\_\_\_\_

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This verification is intended for: \_\_\_\_\_

Requesting verification for:     Fall \_\_\_\_\_     Spring \_\_\_\_\_     Summer \_\_\_\_\_

**Check One:**     I will pick up verification. (*Note: this option will require a picture ID*)  
 Please mail verification in the envelope I have attached.  
 Please fax verification to: \_\_\_\_\_  
 Please mail verification to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I certify that I am the above person and the information I have provided is accurate.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*Registrar's Office Use Only\*\*\***

The Registrar's Office has released this information in accordance with the Family Education Right and Privacy Act of 1974. This information cannot be released to another party without the written consent of the student.

Processed by: \_\_\_\_\_ date \_\_\_\_\_