

VERIFICATION OF ENROLLMENT REQUEST FORM

OFFICE OF THE REGISTRAR
376 Hale St Beverly MA 01915
Phone: 978-232-2065 Fax: 978-232-2255

Semester(s): _____

Purpose of request:

Insurance___ Scholarships ___Deferment ___Ski___Other_____

Student's name (print):

(Last Name)

(First Name)

Student's ID #: _____

Student's SS #: _____

Student's DOB: _____

Student's City, State, Country _____

Current Credit Load/Credit Hours: _____

Anticipated graduation date: _____

Mailing or Fax address for completed request:

Name/Company: _____

Street: _____

City/State/Zip: _____

Fax # _____

Attn: _____

Please list any reference names or numbers that need to be submitted with letter. (i.e. Parent's name, employee ID number, etc.)

Student's Signature _____ Date: _____