

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\_\_\_ Schol arshi ps \_\_\_Deferment \_\_\_Other\_\_\_\_\_

Student' s name (pri nt):

\_\_\_\_\_  
(Last Name) (Fi rst Name)

Student' s ID #: \_\_\_\_\_

Student' s SS #: \_\_\_\_\_

Student' s DOB: \_\_\_\_\_

Student' s Ci ty, State, Country \_\_\_\_\_

Current Credi t Load/Credi t Hours: \_\_\_\_\_

Antici pated graduati on date: \_\_\_\_\_

Mai li ng or Fax address for completed request:

Name/Company: \_\_\_\_\_

Street: \_\_\_\_\_

Ci ty/State/Zi p: \_\_\_\_\_

Fax # \_\_\_\_\_

Attn: \_\_\_\_\_

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

\_\_\_\_\_  
Student' s Si gnature \_\_\_\_\_Date: \_\_\_\_\_