

ILLINOIS STATE UNIVERSITY
OFFICE OF THE UNIVERSITY REGISTRAR

ENROLLMENT VERIFICATION REQUEST FORM

Use this form to request an official enrollment verification of your attendance and other additional information. Fill out the form completely and make sure you sign your name and indicate your University Identification Number in the field provided. The complete name and address of the individual or agency to which you wish the enrollment certification to be sent is required. If you are sending verifications to more than one person or agency, you will need to provide address information for each.

There is no charge for enrollment verifications. Once you have filled out the form(s), you may:

1. Return the form to the Registrar Service Center in Moulton Hall 107;
2. Mail the form to the following address:

**Office of the University Registrar
Enrollment Verification
Illinois State University
Campus Box 2202
Normal, IL 61790-2202**

3. Fax your request form(s) to the following number: **(309) 438-8652.**

Print Your Name

Your Signature

Your University Identification No.*

-
1. Send to the following:

Name

Street

City

State

Zip

Please verify the following directory information. In the space provided indicate the semester (Fall, Spring, Summer and year) for which you wish to be certified:

Advance Registration _____ Current Enrollment _____ Past Enrollment _____
(Prior to 10th day of term)

Anticipated Graduation _____ Degree(s) Earned _____
(Indicate semester you intend to graduate)

Other (Explain) _____

Please verify the following confidential information:

Cumulative Grade Point Average _____ Semester GPA _____
(Indicate desired semester)

Good Standing _____ Total Hours Earned _____ Current Enrolled Hours _____

See next page for additional address fields.

2. Send to the following:

Name

Street

City State Zip

Please verify the following directory information. In the space provided indicate the semester (Fall, Spring, Summer and year) for which you wish to be certified:

Advance Registration _____ Current Enrollment _____ Past Enrollment _____
(Prior to 10th day of term)

Anticipated Graduation _____ Degree(s) Earned _____
(Indicate semester you intend to graduate)

Other (Explain) _____

Please verify the following confidential information:

Cumulative Grade Point Average _____ Semester GPA _____
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Please verify the following confidential information:

Cumulative Grade Point Average _____ Semester GPA _____
(Indicate desired semester)

Good Standing _____ Total Hours Earned _____ Current Enrolled Hours _____

*The University Identification Number (UID) is requested as the best and most effective way to uniquely identify you for the purpose of accurately processing and maintaining your educational records. This number is used as the student identification number and is restricted to internal University use. For any reports required by the Federal or State Government, and for the following: matching admission applications with ACT or GRE scores, matching admission status with financial aid, and for providing loan verification, we must use your social security number. For additional information or limited access of your social security number and/or UID, please notify the Office of the University Registrar, Campus Box 2202, Normal, IL 61790-2202 or (309) 438-2188.