



WHITWORTH UNIVERSITY

Enrollment Verification Form

PERSONAL INFORMATION—Please type or print clearly.

Last Name: _____ First Name: _____

Student ID# or SSN: _____ Birth Date: ____/____/____

Email: _____ Phone: _____

INFORMATION FOR ENROLLMENT VERIFICATION

Dates/Terms to Verify:

Note: We can only verify the terms that you have finished or those for which you are currently registered.

Other Information to Include:

Note: GPA and scheduled courses will not be included. These can be found on an unofficial or official transcript.

PROCESSING INSTRUCTIONS

Pick up at Whitworth Registrar's Office.

Mail:

Recipient Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ ZIP: _____

Email:

Name of Recipient: _____

Email Address: _____

I hereby authorize Whitworth University Registrar's Office to release my enrollment information to the individual or organization whose information appears immediately above.

Signature: _____ **Date:** _____