Enrollment or Degree Verification Request

Student Info *(Please print clearly)*

Name: _____

University ID: _____

Enrolled *(check one)*: ☐ Undergraduate ☐ Graduate ☐ Non-matriculated

Degree Program(s): ☐ BM ☐ MM ☐ MA ☐ DMA ☐ PhD

When do you expect to graduate? *(month/year):* _____

Which semesters should be included in this verification?

Note: We cannot verify your enrollment for a semester until you are registered for that semester.

☐ Current semester only

☐ Current semester and all past semesters at Eastman

☐ Other *(please specify)*: _____

Choose a delivery option

☐ I will Pick-up this verification at the Eastman Registrar's Office
Note: Verifications not picked up within two weeks may be discarded.

☐ Please mail to this address:

_____
_____
_____
_____

☐ Please Fax to:

Fax number: (_____)_____ Attention:_____
name or department

If you need multiple copies, please indicate how many: _____

Special Instructions/ other info to include:_____

Signature and Date

Signature: _____

Date: _____/_____/_____

OFFICE USE ONLY

BY: DATE: