ENROLLMENT VERIFICATION

*VERIFICATION REQUESTS CANNOT BE PROCESSED IF YOU HAVE AN ACCOUNTS RECEIVABLE HOLD.*
Processing time is 2-3 business days.
(Please Print Clearly)

Name: ___________________________________________________ Student V# ____________________________
Contact Number: ________________ Email: ________________________________

I need to verify (check ALL that apply):

__ Enrollment for current Term (validated students) __ Registered for next semester

__ Expected graduation date (current students only) __ Include SSN#

__ Enrollment history (current students only) __ Complete attached form

__ Degree Earned (current yr. summer graduates only)

__ Group/Policy # of Insurance Plan, please provide Insurance name: ________________________________

OTHER: (Please Specify) ________________________________________________________________

**For all Licensure requests, contact Professional Education Programs, 2nd Floor Harris Hall, (804)524-5742**

Delivery Methods

__ Hold for pick up (Verifications may be picked up after 2 pm. Please allow 2-3 business days)

__ Fax to (___)___________________________ Attn: ______________________________

__ Mail: To____________________________________________ (Please Print Clearly)
     Street Address____________________________________________
     City, State, Zip____________________________________________

ENROLLMENT VERIFICATIONS NOT PICKED UP WITHIN 10 BUSINESS DAYS WILL BE DISCARDED.

_______________________________________  ____________________________
Signature                                           Date

Revised 8/2015