

Southwestern University

VERIFICATION OF ENROLLMENT

PLEASE CLEARLY PRINT ALL INFORMATION

NAME: _____ DATE OF BIRTH: _____

PHONE: _____

Please indicate what information is required for this verification:

_____ VERIFICATION OF ENROLLMENT FALL or SPRING 20 _____
(Full or Part time status) (Please circle one)

_____ # OF CREDIT HOURS - CUMULATIVE or SEMESTER (FALL/SPRING) 20 _____
(Please circle)

_____ GPA

_____ PRINTED CLASS SCHEDULE

_____ OTHER INSTRUCTIONS: _____

SEND VERIFICATION TO:

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

I certify that I am the person whose name appears on the Student's name line of this form, and do hereby authorize release of the requested academic information to the person or company indicated. Please note if the student's social security number is included on any form(s) to be completed by the Registrar and returned, the student's signature is required.

Student's Signature

Date

Office of the Registrar • P.O. Box 770 • Georgetown, TX 78627
Phone: 512-863-1952 • Fax: 512-863-1685

Office Use Only

Verified: _____

Date: _____