



FOR OFFICE USE ONLY	
Date Received:	
Processed By:	

## ENROLLMENT DATA REQUEST

(Please note this request form requires a minimum of 72 hours processing time.)

PLEASE PRINT: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
NAME (Last) (First) (Middle)

STUDENT ID/SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Currently Enrolled:  YES  NO      Former Student:  YES  NO

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If former student list last date attended: \_\_\_\_\_

I authorized the Office of the Registrar to release the requested educationally related information to the agency or person listed below:

- ENROLLMENT STATUS SEMESTER(S) \_\_\_\_\_ YEAR(S) \_\_\_\_\_
- PROJECTED DATE OF GRADUATION
- DEGREE AND MAJOR

**Please choose one of the three methods to transfer the above requested Enrollment Data:**

MAIL

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUITE/APT \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

FAX

RECIPIENT NAME \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

HOLD THE ABOVE REQUESTED ENROLLMENT DATA FOR PICKUP BY:

STUDENT OR  OTHER \_\_\_\_\_  
NAME (Must have photo ID)