



ENROLLMENT VERIFICATION REQUEST

Free Self-Service Verification

Students may print their own verification for health/auto insurance providers, credit cards and other third party institutions through the National Clearing House Enrollment Verification link on **WPConnect**.

PERSONAL INFORMATION

Last Name, First Name, MI	Previous Name(s)	855#
Street Address	City	State/ZIP
Parent/Guardian:	Policy/Account/ID/SSN*:	Telephone Home: CELL:

**Although WPU has issued a student identification number that provides security of personal information, most outside agencies utilize social security number for reporting purposes. If required, please provide your social security number.*

Delivery Method

<input type="checkbox"/> Pick-Up Name: _____ <ul style="list-style-type: none"> If you wish to have another individual pick up your letter for you, you must write their name above. You will receive an email when your verification is ready. Please bring photo ID at the time of pick-up. 	<input type="checkbox"/> Mail <input type="checkbox"/> CHECK HERE FOR STUDENT COPY Name/Company: _____ Address: _____ _____ Attn: _____ <small>Please note: Student Copy will be sent to WPU Student Email or can be picked up at SES</small>
<input type="checkbox"/> WPU Student Email (Your verification will be a PDF attachment sent ONLY to your WPU student email)	<input type="checkbox"/> Fax <input type="checkbox"/> CHECK HERE FOR STUDENT COPY Fax Number: _____ Attn: _____ <small>Please note: Student Copy will be sent to WPU Student Email or can be picked up at SES</small>

Indicate term to be verified (one term per form): Fall Spring Summer Year: _____

VERIFICATION REASON

<input type="checkbox"/> General Enrollment	<input type="checkbox"/> Loan Deferment	<input type="checkbox"/> Certification	<input type="checkbox"/> Housing
<input type="checkbox"/> Insurance	<input type="checkbox"/> Child Support	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Good Student Discount	<input type="checkbox"/> Check here if you have forms that should accompany your verification		

In accordance with the Federal Family Educational Rights & Privacy Act (Public Law 93:380), I authorize the release of my academic records.

Student Signature (required) _____ Date: _____

For Office Use

Additional Notes:

Form Attached

Entered by: _____

Mailed by: _____