

REQUEST FOR ENROLLMENT VERIFICATION

Vincennes University
Registrar's Office
1002 North First Street
Vincennes, IN 47591
Phone (812) 888-4220 Fax (812) 888-4380

Student's Name:
(PRINT) _____

Student Phone: _____

Student ID #: _____ OR Birth Date : ___/___/___
SS# or Assigned ID# Example: 04/26/1969

1) CHOOSE ONE OF THE FOLLOWING OPTIONS (one per request form)

___ I WILL PICK UP WITH PHOTO ID

___ MAIL TO THE FOLLOWING NAME AND ADDRESS

___ FAX TO THE FOLLOWING NAME AND NUMBER

2) SELECT (X) THE TYPE OF CERTIFICATION DESIRED

___ ENROLLED IN THE CURRENT TERM

___ COMPLETE ENROLLMENT HISTORY

Additional Instructions:

I AUTHORIZE VINCENNES UNIVERSITY TO RELEASE THE ABOVE
REQUESTED INFORMATION AS INDICATED.

STUDENT'S SIGNATURE

DATE