



NORTHWESTERN UNIVERSITY

ENROLLMENT VERIFICATION REQUEST

Return to:

Office of the Registrar
Northwestern University
633 Clark Street
Evanston, Illinois 60208
Fax: (847) 491-8458

Name \_\_\_\_\_ Date \_\_\_\_\_

ID Number \_\_\_\_\_

Student signature \_\_\_\_\_

(Verification will not be processed without student's signature)

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Are you currently registered? YES NO School \_\_\_\_\_

Verification of:

Current Attendance

Past Attendance

Advanced Registration for Term

Cumulative GPA

Degree Conferred

Other \_\_\_\_\_

Check to include SSN in verification letter

Please Include \_\_\_\_\_

Please check one:

Pick-up (Please allow two business days for processing)

Mail to:

Four horizontal lines for address information.

Fax to: \_\_\_\_\_

For Office Use: Date mailed Date faxed Picked up by/ Date