

VERIFICATION OF ENROLLMENT

RELEASE OF INFORMATION REQUEST

THIS FORM IS DESIGNED TO PRINT AND COMPLETE

(print legibly) NAME: _____ DATE _____

This is to confirm that the above named student is registered for _____ credit hours
(NUMBER)

for the _____ semester.
(SEMESTER AND YEAR)

Please (*send, fax*) verification of my enrollment to:

The (*address, fax no.*) is:

(required) Student Signature _____

(required) Student ID Number or SSN _____

*Student may submit form to the VUJC Administrative Offices or fax to 812.888.4380
(Records Office at Vincennes University in Vincennes) or send to:*

Vincennes University
Records Office
1002 North First Street
Vincennes, IN 47591