

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 ID #: _____ and Birth Date: ___/___/_____
Example: 04/26/1969

Student Phone: _____

Student Email: _____

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

___ **CERTIFICATION OF GRADUATION/DEGREE**

Additional Instructions:

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

STUDENT'S SIGNATURE _____

DATE _____

**** A copy of this form will be sent with all official enrollment verifications.**