



ENROLLMENT VERIFICATION REQUEST

Arizona State University
(To be completed by the student)

First Name: Last Name:

ASU ID: (10 digit number):

Phone: Email:

TERMS TO BE VERIFIED:

All Terms Attended Specific Term(s): [ex.] Fall 2010

Begin: Term: Year:

End: Term: Year:

INCLUDE THE FOLLOWING INFORMATION: (check all that apply)

Note: Current Program (Major) and Earned Degrees are automatically included.
This information may be excluded at the student's request.

Cumulative And Term GPA Expected Graduation Date (Specify):

Social Security Number Sun Devil Success: 11 hr. enrollment note

Other (Specify)

I HAVE ATTACHED THE FOLLOWING DOCUMENTATION FOR COMPLETION:

- Canadian Forms Alaska PFD Verification Foreign educational forms
Marine Corps Academic Certification Loan Deferment forms Other

ONCE COMPLETED I REQUEST THE VERIFICATION IS:

- Sent To Email Indicated
Sent To Fax Number Indicated
Sent To Address Indicated
Available To Be Picked Up At The Registration Location Indicated

(Photo ID is required for pick up.)

Please allow the University Registrar's Office 2 business days for processing.

You will be notified by email if we are unable to complete the verification.

By signing below, I authorize ASU to release the information I have designated to the parties I have specified.

Student Signature: Date:

Downtown Phoenix campus
University Center Bldg - 130
University Registrar's Office
411 N. Central
Phoenix, AZ 85004
602-496-4372
Fax: 602-496-0376
Email: registrar@asu.edu

Polytechnic campus
Administration Building
University Registrar's Office
5990 S. Sterling Mall.
Mesa, AZ 85212
480-727-1142
Fax: 480-727-1008
Email: registrar@asu.edu

Tempe campus
Student Services Building—Rm. 140
University Registrar's Office
PO Box 870312
Tempe, AZ 85287
480-965-3124
Fax: 480-965-7722
Email: registrar@asu.edu

West campus
University Services Building - Rm 120
University Registrar's Office
PO Box 37100
Phoenix, AZ 85069
602-543-8203
Fax: 602-543-8312
Email: registrar@asu.edu