

GROUP ENROLLMENT VERIFICATION REQUEST

ARIZONA STATE UNIVERSITY UNIVERSITY REGISTRAR'S OFFICE

Organization:			
Representative:			
Representative contact information:			
Semester(s) to be verified (check one): Current Semester Previous Semester Current and Previous Semester Future Semester All Semesters Attended Information to be included (check all that apply): Dates of Attendance Enrollment Status (FT/HT) Semester Hours Semester GPA Academic Level Cumulative GPA Cumulative Hours Current College Degrees Awarded Current Degree and Major Date of Birth Address Phone Number Other, Please Specify:			
*By signing below I hereby authorize the above named organization and its above named representative			
to access my educational records, and request an enrollment verification letter stating the information			
indicated above. Last Name	First Name	ASU ID Number	Signature*
Last Name	First Name	ASC ID Number	Signature