



# OFFICE OF THE REGISTRAR

982 Mansion Drive, Bennington, VT 05201 802-447-6324(P) 802-681-2876(F) registrar@svc.edu

## Enrollment Verification Request

This form is for those students who wish to present verification of enrollment to state agencies, insurance companies or scholarship applications. Please complete all information. Incomplete forms will not be processed.

### PERSONAL INFORMATION:

FIRST NAME MIDDLE NAME LAST NAME DATE OF BIRTH

ADDRESS CITY STATE ZIPCODE PHONE

### DEGREE TYPE:

- Associate
- Bachelor

### PROGRAM OF STUDY:

MAJOR MINOR(S)

### TERMS TO BE VERIFIED:

- CURRENT TERM
- ALL TERMS ATTENDED
- OTHER (PLEASE SPECIFY): \_\_\_\_\_

### INCLUDE THE FOLLOWING INFORMATION:

- CUMULATIVE AND TERM GPA
- EXPECTED GRADUATION
- DEGREES GRANTED

### ADDITIONAL DOCUMENTATION FOR COMPLETION (PLEASE ATTACH):

- YES  NO

### ONCE COMPLETED I REQUEST THE INFORMATION IS:

- PICKED-UP ON: \_\_\_\_\_
- EMAILED TO: \_\_\_\_\_
- FAXED TO: \_\_\_\_\_
- MAILED TO: \_\_\_\_\_

RECIPIENT

ADDRESS CITY STATE ZIPCODE

STUDENT SIGNATURE DATE

PROCESS	FOR OFFICE USE ONLY
FORM RECEIVED	
VERIFICATION PROCESSED/MAILED	
VERIFICATION ENTERED INTO TRACKING	