

## **ENROLLMENT VERIFICATION**

STUDENT INFORMATION: Please type or print clearly			
Name: Last	First		Middle
Student ID #:		Class:	FR SO JR SR
Mailing Address:		I	
Campus Box #:	Juniata Email:		Home Phone:
Anticipated Graduation Date:			
VERIFICATION TYPE:			
Enrollment Verification: Semester Verified (i.e. Spring 2019):			
Degree/Graduation Verification:		Study Abroad Verification:	
DELIVERY METHOD:		Date Needed:	
MAIL TO: Provide the following information as needed. Complete separate forms if mailing to multiple destinations.			
Company/School Name:			
ATTN: Individual/Department Name:			
Street or PO Box:			
City:	State:		Zip:
<b>Delivery Method:</b> Regular mail UPS <u>street address required for UPS delivery</u> (Cost at requestor's expense)			
PICK-UP: (An email will be sent when your enrollment verification is ready for pick-up)			
☐ EMAIL:	Attn:		Email Address:
☐ FAX:	Attn:		Fax#: ( ) -
A DDVITANIA I INFORMATION			
ADDITIONAL INFORMATION:			
Student's Signature		:e	