

# Verification Request Form – Eastern Illinois University

Student Name (print clearly): \_\_\_\_\_

Student Signature: \_\_\_\_\_

E Number: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

**This letter should indicate (fill out for which semester & year below):** (Example: Fall 2010, ect. Two semesters of current or past enrollment may be requested with this form. **We cannot verify enrollment in a future semester.** If you need more than two semesters verified you will need to order a transcript.)

**IMPORTANT:** *Full-Time enrollment is not available until after Count Day (Count Day is the 10<sup>th</sup> class day of the semester). Pre-Registration is available before Count Day if student has pre-registered. All requests for full-time enrollment for an upcoming semester will be held until after that semester's Count Day.*

- **Please request full-time enrollment and pre-registration for the same semester on separate forms as we will have to hold the requests for full-time enrollment until after Count Day.**

Loan Deferment (semester/year): \_\_\_\_\_

Full-time enrollment (semester/year): \_\_\_\_\_

Pre-registration (semester/year): \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_

## How would you like your verification letter delivered?

Pick up in Office of the Registrar? Yes:

or:

Complete address for mailing: Name line 1: \_\_\_\_\_

Name line 2: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

or:

Faxed to attention of or company name: \_\_\_\_\_

Fax number (**including area code**): \_\_\_\_\_

## **Return completed and signed form to:**

Office of the Registrar, Eastern Illinois University, 600 Lincoln Ave., Charleston, IL 61920-3099  
Fax# 217-581-3412