

Verification Request Form – Eastern Illinois University

Student Legal Name (required - type or print clearly): _____

Student Signature (required): _____

E Number (if available): _____

Student Date of Birth (required): _____ Student phone # (optional) _____

This letter should indicate (fill out for which semester & year below): Example: Indicate "Spring", "Summer" or "Fall" Semester and the year, such as: Semester: **Fall** of Year: **2015** to request Fall Semester 2015 enrollment verified.

- Up to two semesters of current or past enrollment may be requested with verification letters. If you need more than two semesters you will need to order a transcript. **We cannot verify enrollment in a future semester but we can verify pre-registration in a future semester if the student has already pre-registered for that semester.**

IMPORTANT: Enrollment verification is not available until after Count Day (the 10th class day of the semester). Pre-Registration for full-time/¾-time/half-time/less than half-time is available before Count Day if student has pre-registered. All requests for enrollment verification for an upcoming semester will be held until after that semester's Count Day.

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

Loan Deferment: Semester (Spring, Summer or Fall): _____ of Year: _____
(Available after 10th class day: Enrolled full-time/¾-time/half-time/less than half-time for the current semester or a past semester, dates of semester and expected graduation date)

Enrollment Verification: Semester (Spring, Summer or Fall): _____ of Year: _____
(Available after 10th class day: Enrolled full-time/¾-time/half-time/less than half-time for the current semester or a past semester and dates of semester)

Pre-Registration: Semester (Spring, Summer or Fall): _____ of Year: _____
(Available after student has pre-registered for an upcoming semester through the 10th class day: Pre-Registered full-time/¾-time/half-time/less than half-time for a future semester and dates of semester)

Other: _____
(such as requesting degrees awarded)

How would you like your verification letter delivered? (Only dates of attendance, full or part-time status, or degrees earned can be emailed. No grades, GPA, enrolled hours or academic standing.)

Complete address for mailing: (Please type or print clearly)

Name line 1: _____

Name line 2: _____

Street Address: _____

City, State, Zip _____

Pick-Up: (In person, photo id is required):

Email: If only "directory information" (Please type or print clearly)

Name _____

Email _____

Fax:

Fax# (_____) _____ - _____

Name _____

Return completed and signed form to:

Office of the Registrar, Eastern Illinois University, 600 Lincoln Ave., Charleston, IL 61920-3099
Fax# 217-581-3412 Email: records@eiu.edu