



# SEATTLE UNIVERSITY

## ENROLLMENT VERIFICATION

### OFFICE OF THE REGISTRAR

901 12<sup>th</sup> Avenue  
P.O. Box 222000  
Seattle, WA 98122-1090  
(206) 220-8030; Fax: (206) 296-2443  
Email: registrar@seattleu.edu

*Law students:* contact the Law School Registrar for a verification

~ Print in Ink ~

Seattle U ID: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Area Code

Student Legal Name: \_\_\_\_\_ SU Email: \_\_\_\_\_@seattleu.edu  
Last First Middle

► Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

### VERIFICATION DETAILS:

**Current students:** The verification provided will include student name, anticipated degree(s) with major and anticipated graduation date.

**NOTE:** *Second majors, minors and specializations will not appear but are indicated on the transcript.*

**Former students:** You must request a transcript to prove enrollment. Go to [www.studentclearinghouse.org](http://www.studentclearinghouse.org)

Indicate yes or no for each item below:

- Yes  No In addition to my enrollment, also include my cumulative GPA.
- Yes  No I have attached supplemental forms that need to be included with my verification.
- Yes  No Process the verification only after you process my request to update my anticipated graduation date (submitted separately).

Updated Term: \_\_\_\_\_ Updated Year: \_\_\_\_\_

### HOW DO YOU WANT THE VERIFICATION DELIVERED? (check one)

\_\_\_\_\_ Hold for pick-up by myself (*must show photo ID*)

\_\_\_\_\_ Hold for pick-up by \_\_\_\_\_ (*must show photo ID when picked up*)  
Name of person authorized to pick up

\_\_\_\_\_ Fax to: Name: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Last First

\_\_\_\_\_ Mail to:

|                |
|----------------|
| Name           |
| Address        |
|                |
| City State Zip |

|                                    |
|------------------------------------|
| <b>REGISTRAR'S OFFICE USE ONLY</b> |
| Processed by: _____                |
| Date: _____                        |