

# WAGNER COLLEGE

## OFFICE OF THE REGISTRAR

### REQUEST FOR ENROLLMENT VERIFICATION

PLEASE COMPLETE AND SUBMIT TO THE OFFICE OF THE REGISTRAR. PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING OF EACH REQUEST.

#### PERSONAL INFORMATION (Please Print):

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ID# \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

#### ENROLLMENT INFORMATION:

ENROLLED SEMESTER and YEAR: \_\_\_\_\_

Anticipated graduation semester and year: \_\_\_\_\_

My enrollment status is: FULL-TIME: \_\_\_\_\_ PART-TIME: \_\_\_\_\_

#### INDICATE DELIVERY METHOD:

\_\_\_\_ I will pick up letter/form

\_\_\_\_ PLEASE MAIL to this address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

or \_\_\_\_\_ FAX TO: \_\_\_\_\_

or \_\_\_\_\_ SCAN TO: \_\_\_\_\_

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