

ENROLLMENT VERIFICATION REQUEST

Student's Name _____

Student ID Number _____

Check all information you would like included in your letter:

Certify enrollment for current semester

Certify enrollment for all semesters

Certify pre-enrollment for _____ semester(s)

List insured parent's name and/or policy number for health insurance:

Include class schedule

Include GPA

Include social security number (required for loan deferment)

Process a good student discount for auto insurance. List insured parent's name and/or policy number if desired: _____

Anticipated Graduation Date

I would like this letter to be:

Prepared for me to pick up. Number of copies _____

Faxed to _____

at the following number: _____

Mailed to: _____

Student Signature _____

Student Phone Number _____

MAIL THIS FORM TO PSU, REGISTRAR'S OFFICE, 1701 S. BROADWAY,
PITTSBURG, KS 66762 OR FAX IT TO 620-235-4015.