

BARRY ID (required): _____



Request for Enrollment Verification Letter

(Please allow 3 business days for your request to be processed)

Student Name: _____
First Middle Last

SS#: _____ Phone Number: _____

School/College: _____ Major: _____
i.e., College of Arts and Sciences

Please indicate specific term, dates of enrollment or non-enrollment if applicable. Otherwise students' complete academic history will be sent.

Enrollment

Non-Enrollment

Term: _____ or Dates: _____ - _____

PURPOSE OF LETTER (Check One)

Health Insurance

Auto Insurance

Military Discount

Loans

Travel Discount

Other: _____

TRANSMITTAL METHOD (Check One)

Pick-Up

Mail To: Name of Organization: _____

Street Address: _____

City / State / Zip: _____ / _____ / _____

Fax To: Fax Number: _____

Student Signature: _____ Date: _____