

HARRIS-STOWE STATE UNIVERSITY

OFFICE OF THE REGISTRAR
Room 116

3026 Laclede Avenue
St. Louis, MO 63103
(314) 340 - 3602/3600

ENROLLMENT VERIFICATION FORM

(please print clearly)

NAME OF STUDENT: _____

SIGNATURE: _____ DATE: _____

SOCIAL SECURITY NO. OR CARS ID. NO.: _____

CHECK OPTION(S):

_____ WILL PICK UP. NOTE THAT ALL DEFERMENT PAPERWORK IS SENT DIRECTLY TO
LOAN SERVICER. _____

_____ PLEASE ADDRESS TO: TO WHOM IT MAY CONCERN

_____ PLEASE MAIL TO: _____

_____ SPECIAL INSTRUCTIONS: _____

PLEASE INDICATE WHAT YOU WOULD LIKE TO VERIFY. ATTACH ANY INFORMATION TO THIS FORM. (ENROLLMENT CAN BE VERIFIED FOR CURRENT OR PREVIOUS SEMESTER FOR WHICH YOU WERE ENROLLED.)

CHECK OPTION(S):

_____ CURRENT SEMESTER: FULL/HALF-TIME ENROLLMENT FOR _____ / _____
(SEMESTER/YEAR)

_____ PREVIOUS SEMESTER: FULL/HALF-TIME ENROLLMENT FOR _____ / _____
(SEMESTER/YEAR)

_____ PREVIOUS SEMESTER: FULL/HALF-TIME ENROLLMENT FOR _____ / _____
(SEMESTER/YEAR)

_____ AUTOMOBILE/HEALTH INSURANCE (attach form from insurance company to this request)

_____ GOOD STANDING

_____ OTHER. PLEASE SPECIFY: _____

