



# 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 ~

Student ID Number: \_\_\_\_\_ 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: _____