

## **Enrollment Verification Request**

Mail/Fax to: Records and Registration Office 5057 Woodward, Fifth Floor Detroit, MI 48202 Phone: (313) 577-3541 Fax: (313) 577-7870 Drop Off: Student Service Center Lobby Welcome Center 42 W. Warren Detroit, MI 48202 Phone: (313) 577-2100

STUDENT INFORMATION							
PLEASE PRINT LEGIBLY							
Student ID or SSN Last Nar		ne		First Name		Middle	
Previous Names			Birthdate MM/D		D/YY	Daytime Ph	none
Please specify the service you are requesting:		Please sp	ecify	the term/ye	ear for which service	is requested:	
☐ Enrollment Verification		□ Wi	nter	/	_		
□ Loan Deferment		□ Sp	ring	-Summer / _			
☐ Change Anticipated Graduation Date		□ Fa	II / _				
Anticipated Graduation Date (mm/yyyy):			deferment	forn	ns for future	Ilment verification or terms, the forms wil fficial day of classes	I not be
Please specify pick-up or mailing preference:							
□ Please mail the information:							
□ Electronic Att	achment						
□ Fax to:							
□ Pick Up (4 Business Days)							
☐ Envelope provided							
□ Address for m	nailing:						
Additional Information and Instructions:							
Student Signature X			Date				

Office of the Registrar July 2011

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