

## ENROLLMENT VERIFICATION REQUEST

Arizona State University (To be completed by the student)

First Name:		Last Name:		
ASU ID: (10 digit number): Phone:		Email:		
TERMS TO BE VERIFIED:  All Terms Attended	□Specific Term Begin: End:		Year:	2015
INCLUDE THE FOLLOWING Note: Current Program (Major) a  Cumulative / Term GPA  Verification of Online/Hybrid Other (Specify)	and Earned Degree Expected Graduati Courses (This requ	s are automatically in on Date (Specify):uest may take up to on	e extra proce	essing day)
SPECIAL REQUESTS: Please <i>COMPLETE</i> student portion prior to submission and include all necessary documentation. Requests are completed contingent on full information being provided.  *If choosing an option below, Expected Graduation Date must be filled in above  Alaska PFD Verification				
ONCE COMPLETED I REQU Sent To Email Indicated Sent To Fax Number Indic Sent To Address Indicated Available To Be Picked U (Photo ID is required for pick up	ated p At Registration L			
Please allow University Registrar Services 2 business days for processing.  You will be notified by email if we are unable to complete the verification.  By signing below, I authorize ASU to release the information I have designated to the parties I have specified.  Student Signature:  Date:				
Downtown Phoenix campus University Center Bldg - 130 University Registrar Services 411 N. Central  Downtown Phoenix campus Adm University Registrar Services 411 N. Central  598	ytechnic campus ininistration Building sity Registrar Services 10 S. Sterling Mall.	Tempe campur Student Services Building University Registrar S PO Box 870312	s  —Rm. 140 ervices 2	West campus University Services Building - Rm 101 University Registrar Services PO Box 37100 Phospix A7 85060

Phoenix, AZ 85004 602-496-4372 Fax: 602-496-0376 Email: registrar@asu.edu Mesa, AZ 85212 480-727-1142 Fax: 480-727-1008 Email: registrar@asu.edu

Tempe, AZ 85287 480-965-3124 Fax: 480-965-7722 Email: registrar@asu.edu

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