Enrollment Verification Request

Note: 1. Please PRINT all information legibly and completely
2. Form MUST be completed by those students requiring:
   
   A) In-School Loan Deferment Request Forms
   B) Completion of Health Insurance Forms
   C) General Enrollment Verifications

3. During Registration and grade posting periods there may be a LONGER turn around time in receiving your request.
4. If your request is to be mailed, please allow time for your request to reach the third party before following up on receipt.

Date Requested: ______/______/_______  DeVry ID: _______________________

Student’s Name: _____________________________________________________________
   (Last)                                                         (First)                                                        (MI)

Current Status:  ______Enrolled  ______Not Enrolled  _____Graduate

   I would like enrollment verification for the following school term(s)
   Please check semester and fill in year:

   _____ Fall, 19____   _____ Spring, 19____   _____ Summer, 19____
   _____ Fall, 20____   _____ Spring, 20____   _____ Summer, 20____

Please Check:
   _____ I will pick up enrollment verification on (Date): _______________________________
   _____ Please fax to the attention of: _____________________ @ Fax #: _________________
   _____ Please mail to:

Name of person or institution: ________________________________________________

To the attention of (person or department): ______________________________________

Address: ___________________________________________________________________

City: __________________________ State: __________________ Zip: ______________

Student’s Signature: ________________________________________________________