

ENROLLMENT VERIFICATION INFORMATION

NAME: _____ DATE _____
 Last First

STUDENT STATUS (circle one) GRAD UNDERGRAD

STUDENT ID NUMBER: _____

ANTICIPATED GRADUATION DATE: _____

Signature of Student _____ Daytime Phone _____

FAX TO: NAME _____ FAX # _____

OR

MAIL TO: NAME _____

 ADDRESS _____

OR

WILL PICK UP ON (date) _____

***Fax this form to: Registrar's Office at (717) 477-1388
OR

***Mail this form to: Registrar's Office
OR Old Main 111
 Shippensburg University
 1871 Old Main Drive
 Shippensburg, PA 17257

***Email this form to: registr@ship.edu