



# Request for Verification of Enrollment

Office of the Registrar | Cook Administration 128 | Phone: 773.995.2517 | Fax 773.995.3618 | Email: [csu-registrar@csu.edu](mailto:csu-registrar@csu.edu)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

UNIVERSITY IDENTIFICATION NUMBER (UID #): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*I request that you release information regarding my enrollment at Chicago State University to the following agency/organization. I (applicant) am responsible for a correct mailing address.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_

**(Please Note: STUDENT MUST ADDRESS ENVELOPE)**

*PLEASE VERIFY ENROLLMENT FOR THE FOLLOWING TERM(S):*

Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer: \_\_\_\_\_  
(Year) (Year) (Year)

Verification Requested for: \_\_\_\_\_ LOAN \_\_\_\_\_ EMPLOYMENT \_\_\_\_\_ DEGREE \_\_\_\_\_ OTHER

\_\_\_\_\_  
**\*\*Student's Signature (REQUIRED)**

\_\_\_\_\_  
**Date**

If you are not the student, you must have a signed letter from the student granting you permission to make this request.

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

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I.D. Verified by: \_\_\_\_\_ C.S.U. I.D. \_\_\_\_\_ Driver's License: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Receipt#: \_\_\_\_\_ Date Received: \_\_\_\_\_

Enrollment Verified by: \_\_\_\_\_ Date Completed: \_\_\_\_\_