

ENROLLMENT VERIFICATION FORM



STUDENT INFORMATION

Name: _____ Original Start Date: _____
Last First MI

I _____ would like to request verification of my
Print Name

Enrollment at Neumont University for the following purpose:

- health insurance enrollment
- car insurance discount
- open a checking/savings account
- proof of residency
- season ski pass discount
- other: _____
- Please include my current Cumulative Grade Point Average
- Please include my most recent term Grade Point Average
- Other special instructions: _____

When the request is processed, I would like to:

- pick up the completed form
- have the completed form faxed to: _____
- have the completed form forwarded to: _____

Name City, State, Zip

Address

Student Signature: _____ Date: _____

By signing this form, I authorize Neumont University to release my student information for the purpose specified above and to the individual/company listed above.

REGISTRAR USE ONLY

Student number: _____ Original start date: _____

Expected graduation date: _____

Student status: Full time Part time

Registrar Signature: _____ Date: _____

By signing this form, I verify that the information listed above is true and accurate as of the date signed.