

Enrollment Verification Request Form

Please allow at least one week for your request to be processed.

First Middle Last

Student ID #

Permanent Address

City State ZIP / Postal Code Country

Contact Phone Email

What level was your academic career at Salem State University?

Undergraduate Graduate School

For which term are you requesting an enrollment verification document?

Fall Spring Summer of the academic year _____.

How would you like to receive your enrollment verification document?

Pick-up at the **Student Navigation Center** (Bertolon School of Business Classroom building on Central Campus).

Fax enrollment verification document to this **fax number**: _____

Mail enrollment verification document to **permanent address**.

Mail enrollment verification document **to below address**:

Street Address

City State ZIP / Postal Country

Signature

Date

This request can be mailed or faxed when completed.