LINDSEY WILSON UNIVERSITY

Request For Enrollment Verification

Lindsey ID # or SSN: _____ **Date:** _____

Student Name: _____

Which term(s) do you need for enrollment verification?

Term: _____

Who should we address this to?

Addressee: _____

Is this for pick-up in the Registrar's office? YES □   If no, please continue filling out this form below.

Fax Number: _____

-OR-

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____