



1301 South 48th Street, Quincy, IL 62305
217.641.4329 FAX: 217.641.4192

Request for Verification of Enrollment/Degree

To:

Please print clearly!

The address will be used
With a window envelope.

Name: _____ Last 4 digits of SSN _____

Please provide verification of: (check one) _____ Enrollment Status _____ Cumulative GPA _____ Term GPA

Last day of attendance ____ / ____ / ____ (MM/DD/YY) _____ Enrollment History (attach transcript)

Degree or Certificate (Circle one)

Student Signature _____ Date: _____

For Office Use Only:

_____ This is to verify that the above named student is/was enrolled as a full-time/part-time/ (circle one) student for the _____ term.
Term dates are ____ / ____ to ____ / ____ .

_____ This is to verify that the cumulative GPA for the above named student is _____.

_____ This is to verify that the _____ term GPA for the above named student is _____.

_____ This is to verify that the above named student has received the following certificate/degree.

Certificates: _____ Date Awarded ____ / ____

Certificates: _____ Date Awarded ____ / ____

Degrees: _____ Date Awarded ____ / ____

Degrees: _____ Date Awarded ____ / ____

Official Seal

Information verified by _____ Date _____