# REQUEST FOR ENROLLMENT VERIFICATION

**OFFICE OF THE REGISTRAR ~ BETHEL UNIVERSITY**
3900 Bethel Drive, St. Paul, MN 55112
Phone: 651.638.6250 Fax: 651.635.1983

Student Name

(Last) (First) (Middle) (Previous)

**Student Address** _____

_____

_____

Student Phone Number: Day ( ) Evening ( )

Student ID or Social Security Number:

| **STUDENT SIGNATURE (REQUIRED)** | **DATE** |
|---|---|

**Directions:**

* To ensure prompt processing, please provide all information requested.
* Please allow 2-3 working days for processing.
* The Office of the Registrar will only verify Bethel University enrollment information and coursework.

* The verification information should be: __ Entered on the attached form **OR**
__ In a letter written on Bethel University Letterhead

* Please send letter/form to the Name and Address/Fax number below:

_____

_____

_____

| Type of Verification Requested | | |
|---|---|---|
| __ Loan Deferment<br>__ Health Insurance | __ Good Student Discount<br>__ Automobile Insurance | __ Other_____ |

| Type of Information Requested | All Dates | Most Recent Term | Specific Dates/Term/Year |
|---|---|---|---|
| __ Verification of Enrollment Dates | __ | __ | _____ |
| __ Verification of Status (Full-Time, Half-Time, etc.) | __ | __ | _____ |
| __ Cumulative Credits | __ | __ | _____ |
| __ Cumulative GPA | __ | __ | _____ |

__ Verification of Degree(s)—Degree Name and Date Granted

__ Expected Graduation Date

__ Special Instructions:

*For Office Use Only*

| Processed by | Date Sent |
|---|---|
| | |