

**LASELL COLLEGE
OFFICE OF THE REGISTRAR**

STUDENT ENROLLMENT VERIFICATION REQUEST FORM

Please complete form and return it to the Office of the Registrar.

Student Name (Please print) _____

Social Security Number (if required by requestor) _____ Class: _____

Current Enrollment Credits: _____

Address: _____

Verify for: _____ Fall _____ Spring _____ Summer Other – Please specify:

Additional Information: _____

Send Verification to: _____

Student Signature: _____ Date: _____