

REQUEST FOR ENROLLMENT VERIFICATION

Vincennes University
Registrar's Office
1002 North First Street
Vincennes, IN 47591
Phone (812) 888-4220 Fax (812) 888-4380

Student's Name: (PRINT) _____

Student ID #: _____ and Birth Date : ___/___/_____
Example: 04/ 26/ 1969

Student Phone: _____

Student Email: _____

1) CHOOSE ONE OF THE FOLLOWING OPTIONS (one per request form)

____ I WILL PICK UP WITH PHOTO ID

____ MAIL TO THE FOLLOWING NAME AND ADDRESS

____ FAX TO THE FOLLOWING NAME AND NUMBER

2) SELECT (X) THE TYPE OF CERTIFICATION DESIRED

____ ENROLLED IN THE **CURRENT** TERM

____ **COMPLETE** ENROLLMENT HISTORY

____ **CERTIFICATION OF GRADUATION/DEGREE**

Additional Instructions:

I AUTHORIZE VINCENNES UNIVERSITY TO RELEASE THE ABOVE
REQUESTED INFORMATION AS INDICATED.

STUDENT'S SIGNATURE

DATE

**** A copy of this form will be sent with all official enrollment verifications.**

(Revised 9/16)