

Enrollment Verification Request Form

St. Olaf College, Registrar's Office

Student Information

Student ID Number: _____ Class Year: _____ Date: _____

Name: _____

Do you need the College Seal? -Yes- -No-

Verification Details

What information do you need provided in your letter? (ex: full-time student for specific terms, graduation date)

Delivery Method (please check that are required)

Pick up

Send to my St. Olaf student PO Box

Mail to: _____

Email to: _____

Fax to: Phone Number: _____ Attn: _____

Date needed _____

Signature _____