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____________________________________________________________________