

ENROLLMENT VERIFICATION
Request Form

ST. OLAF COLLEGE
Registrar's Office

Student Information

ID: _____ Name: _____ Class year: _____

If you do not know your student ID, please provide the following;

Birthdate: _____ SSN XXX-XX-____

Verification Details

Do you need the college seal? Yes No

Date needed: _____

What information do you need provided in your letter? (i.e. full-time status for specific terms, graduation date):

Delivery Method

Pick-up (Tomson Hall 140)

Send to my St. Olaf student P.O. box

Mail to: _____

Address 1

Address 2

City, State, Zip code, Country

Email to: _____

Signature : _____ Date: _____

By signing here, I authorize St. Olaf College to release the relevant academic information to the recipient listed above.