University of Scranton
Office of the Registrar

Request by Students for Verification of Enrollment

Please provide the following information:

Name (please print): ________________________________________________

Royal ID Number: R __ __ __ __ __ __ __ __

Month and day of birth for record matching purposes: Month: ___ Day: ___

University of Scranton email address: ________________________________

Phone number, including area code, at which you can be reached: (__ __ __) __ __ __ __

Term for which you want your enrollment verified: ________________

Are you including a form that needs to be attached?  __ Yes  __ No

If this is needed for health insurance, provide the following:

   Health insurance provider name: ______________________________________
   Insurance plan number: ____________________________________________

To whom do you authorize release of your enrollment verification:

   o Self (Print complete address): ________________________________
      ________________________________
      ________________________________

   o Other party (Print complete name and address of that party):
      ____________________________________________
      ____________________________________________
      ____________________________________________

Fax # if you wish the verification faxed instead of mailed:

By signing below, I authorize the University of Scranton to release verification of my enrollment to the entities that I have specified above.

_____________________________________________ _______________________
(Signature of Student) (Date)