

# CARLOW UNIVERSITY

## VERIFICATION REQUEST FORM

Carlow ID Number

OR

Last 4 Digits of SSN

Student Name

Last, First, Middle Initial

Former/Maiden Name (if applicable): \_\_\_\_\_

Present Street Address:

City, State, Zip:

Current Daytime Phone:

**Please do not mail verification, I will pick it up:**

Verification Mailing Address: (if different than above)

City, State, Zip

OR

Fax Verification to:

*I authorize Carlow University to provide this verification per the Verification Guidelines listed above.*

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Verification Guidelines

1. The Registrar's Office can verify a student as enrolled for past and current terms. In addition, we can only verify that a student is pre-registered for future semesters.

2. Undergraduate students must be enrolled in 12 credits for full-time status. Graduate students must be enrolled in 6 credits for full-time status.

3. If you are enrolled in a course that has no credits associated with it, the Registrar's Office **cannot** verify full-time or part-time status.

Note: The Registrar's Office releases the full Social Security Number and Date of Birth as part of your printed enrollment verification.

If you have any questions, please feel free to call our office at 412-578-6389.

Office of the Registrar, 3333 Fifth Ave, Pittsburgh, PA 15213 Fax: 412-578-6689 E-mail: registrar@carlow.edu

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