WESTCLIFF UNIVERSITY
Educate. Inspire. Empower.

ENROLLMENT VERIFICATION REQUEST

To request Enrollment Verification, please e-mail registrar@westcliff.edu

Student's Name   Student ID Number

Email Address (WU email if current student)   Phone Number

Current Residing (Mailing) Address: Date of Birth

VERIFICATION TYPE:

Letters We Can Provide:

☐ Student Enrollment Verification (standard print-out that includes all semesters of enrollment)

☐ Customized Enrollment Verification Letter (please indicate what information this letter must contain)

☐ Degree(s) awarded and date(s)

☐ Expected degree and graduation date

☐ Other: _____

Other Forms (please include all forms that need to be completed):

☐ Loan Deferment Forms

☐ SEVIS Forms

☐ Other: _____

DELIVERY METHOD:

Student Enrollment Verifications can be issued on-demand in the Office of the Registrar during normal business hours. All other requests will be completed within 1-3 business days, but will take longer during high-volume times including the beginning and end of every semester.

☐ Email: _____   _____
        Email Address   Attention

☐ Fax: _____   _____
        Attention   Fax Number

☐ Mail: _____
        Attention

        _____   _____
        Address   Address

        _____   _____ _____
        City   State   Zip Code

☐ In-Person Pick-up. Students must bring with them a government issued ID or WU ID card.

By signing this request, I authorize Westcliff University to produce a letter or complete the forms provided, verifying the information requested above. By choosing to have my certification faxed or emailed, I understand that confidential information may not be transmitted securely and I agree to release the Office of the Registrar from any and all liability.

Student Signature: _____ Date: _____