



CHICAGO STATE UNIVERSITY

Office of the Registrar | Cook Administration 128 | Phone: 773.995.2517 | Fax 773.995.3618 | Email: csu-registrar@csu.edu

Date: _____

REQUEST FOR VERIFICATION OF ENROLLMENT

Name: _____
(Last) (First) (M.I.)

Address: _____ Telephone: _____

City/State: _____ Zip Code: _____

UNIVERSITY IDENTIFICATION NUMBER (UID #): _____ - _____ - _____

I request that you release information regarding my enrollment at Chicago State University to the following agency/organization. I (applicant) am responsible for a correct mailing address.

Name: _____

Address: _____

City/State: _____ Zip Code _____

(Please Note: STUDENT MUST ADDRESS ENVELOPE)

PLEASE VERIFY ENROLLMENT FOR THE FOLLOWING TERM(S):

Fall: _____ Spring: _____ Summer: _____
(Year) (Year) (Year)

Verification Requested for: _____ LOAN _____ EMPLOYMENT _____ DEGREE _____ OTHER

****Student's Signature (REQUIRED)**

Date

If you are not the student, you must have a signed letter from the student granting you permission to make this request.

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

I.D. Verified by: _____ C.S.U. I.D. _____ Driver's License: _____

Amount Paid: \$ _____ Receipt#: _____ Date Received: _____

Enrollment Verified by: _____ Date Completed: _____