

ENROLLMENT VERIFICATION FORM

Please print your full name: _____

Your signature: _____ Date: _____

**PLEASE REQUEST IN WRITING WHICH SEMESTER YOU WANT VERIFIED:
(ONLY THOSE WHICH YOU ARE REGISTERED FOR OR HAVE PREVIOUSLY
TAKEN)**

Dates of attendance to be verified: _____ TO _____

CHECK ONE: Full Time Student _____
Half Time Student _____

MaineStreet ID #: _____
(7 digits)

Anticipated Graduation Date: _____

CHECK ONE:

To be picked up on the following date: _____

- OR -

To be mailed to the following address:
