Office of the University Registrar

# Enrollment Verification

**Please Note:**

- ✓ Please provide all of the information in sections **A**, **B**, **C** and **D**; incomplete and/or inaccurate forms will result in delayed processing.
- ✓ Requests cannot be processed if you have certain holds. For *financial holds*, please contact the Student Receivables Office at 215-895-1445 to resolve any holds before submitting your request.
- ✓ Please attach a **signed authorization** letter if someone else is picking up your Enrollment Verification.
- ✓ Due to **FERPA** guidelines, any third party requesting information must include a written consent from the student.

## A

Name _____ _____ _____ _____
Last First Middle I. Maiden Name

University ID or SSN _____ Did you attended before 1980? **Yes** **No**

Telephone No _____ Email _____

## B

**Reason for Enrollment Verification**

☐ Health Insurance ☐ Transferring to another Institution ☐ Scholarship ☐ CO-OP

☐ Loan Department ☐ Employment ☐ Grade Report Other _____

## C

**Please choose the method of delivery:**
*Notice: Pick up certifications at the **Student Resource Center**, Room 222*

**No. of Copies** **Fees**

_____ **Standard** - processed within 5 business days from the date the request was received.
☐ **Pick up**
☐ **Mail (1st Class Mail, USPS)**
☐ **Fax and Attn to:** _____ **Fax No.** _____

_____ **24 Hours -** processed within 24hours from the date the request was received. **$20 per copy**
☐ **Pick up**
☐ **Mail (1st Class Mail, USPS)**
☐ **Fax and Attn to:** _____ **Fax No.** _____
☐ **Expedited Mail** (Guaranteed overnight delivery within Continental US) **$34 per location**
*Notice: Phone Number and Email required; no **P.O. Boxes*** *($50 for International Mailing)*

**Please issue and send certification to:**
*(Please use another form for multiple recipients)*

_____
_____
_____
_____

Document attached should be mailed with the Enrollment Verification

**YES** **NO**

**Authorization to Release Documents**

_____ _____
***Student Signature*** ***Date***

## Office Use Only

_____
Fees Paid

_____
Date Released

_____
Processed by

Please note that your request **should be mailed** to the Campus you attended:

**University City Campus**
Drexel University
Office of the University Registrar
Attn: Certifications
3141 Chestnut Street
Curtis Hall Room 261
Philadelphia, PA 19104
215-895-2306

**Center City Hahnemann Campus**
Office of the University Registrar
Attn: Certifications
245 N. 15th Street, New College Building
1st Floor, Room 1142
Philadelphia, PA 19102
215-991-8207

**Walk-in request** and for certification **pick up**:

**Drexel University Main Campus**
SRC Office
Main Building, Room 222
3141 Chestnut Street
Philadelphia, PA 19104
215-895-2300

*Office Hours*: *Mon, Wed, Thu,& Fri, 8:00 am – 5:00 pm*
*Tue 9:30 – 5:00 pm*