



Return to:

Indiana University of Pennsylvania  
Office of the Registrar

Clark Hall  
1090 South Drive  
Indiana, Pennsylvania 15705  
Phone: (724) 357-2217 Fax: (724) 357-4858

# ENROLLMENT VERIFICATION REQUEST FORM

**Step 1**  
Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_  
Current Address \_\_\_\_\_  
Banner ID#: @ \_\_\_\_\_ - OR- Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Step 2**  
▶▶ DAYTIME Telephone # (REQUIRED): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ ◀◀

- Currently Enrolled - a confirmation e-mail will be sent directly to your IUP e-mail address.  
 Not Enrolled - enter the last semester and year at IUP: \_\_\_\_\_  
If you are not currently enrolled and would like to receive a confirmation e-mail that your request has been processed, please provide your e-mail address: \_\_\_\_\_

**Step 3**

*I am requesting Verification of Enrollment for:*

Health Coverage

-OR-

Other \_\_\_\_\_

▶ Please allow 3-5 business days for processing. ◀

▶▶ **MUST BE REGISTERED FOR CLASSES IN ORDER TO VERIFY ENROLLMENT.** ◀◀

A **standard verification** includes "Directory Information" as follows:

- Dates and status of attendance
- Degree(s) conferred (must be graduated)
- Program(s) of study
- Class (Fr, Soph, Jr, Sr)

**Step 4**

*Please provide proof of enrollment for:*

- Fall \_\_\_\_\_ (year)  
 Spring \_\_\_\_\_ (year)  
 Summer \_\_\_\_\_ (year)

*And do you need:*

- GPA and Academic Standing  
 Expected Date of Graduation

**Step 5**

▶ **CHOOSE ONE OPTION ONLY** ◀

FOR PICKUP

-OR-

MAIL TO:

-OR-

FAX TO:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Fax# ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Step 6**

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

(NOTE: Federal law requires that the student sign and date this request.)

INITIALS \_\_\_\_\_