

**REQUEST FOR ENROLLMENT VERIFICATION**

**OFFICE OF THE REGISTRAR ~ BETHEL UNIVERSITY**

3900 Bethel Drive, St. Paul, MN 55112

Phone: 651.635.8734 Fax: 651.635.1983

|              |
|--------------|
| Student Name |
|--------------|

(Last) (First) (Middle) (Previous)

|                        |
|------------------------|
| <b>Student Address</b> |
|                        |
|                        |
|                        |

|                                  |                |
|----------------------------------|----------------|
| Student Phone Number: Day (    ) | Evening (    ) |
|----------------------------------|----------------|

|                                       |
|---------------------------------------|
| Student ID or Social Security Number: |
|---------------------------------------|

|                                     |             |
|-------------------------------------|-------------|
| <b>STUDENT SIGNATURE (REQUIRED)</b> | <b>DATE</b> |
|-------------------------------------|-------------|

**Directions:**

- To ensure prompt processing, please provide all information requested.
- Please allow 2-3 working days for processing.
- The Office of the Registrar will only verify Bethel University enrollment information and coursework.

- The verification information should be:     Entered on the attached form    **OR**  
    In a letter written on Bethel University Letterhead

- Please send letter/form to the Name and Address/Fax number below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

| Type of Verification Requested   |   |                                      |                                |
|--|---|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Loan Deferment<br><input type="checkbox"/> Health Insurance | <input type="checkbox"/> Good Student Discount<br><input type="checkbox"/> Automobile Insurance | <input type="checkbox"/> Other _____ |                                |
| Type of Information Requested  | All Dates   | Most Recent Term                     | Specific Dates/Term/Year       |
| <input type="checkbox"/> Verification of Enrollment Dates                            | <input type="checkbox"/>  | <input type="checkbox"/>             | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Verification of Status (Full-Time, Half-Time, etc.)         | <input type="checkbox"/>  | <input type="checkbox"/>             | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cumulative Credits  | <input type="checkbox"/>  | <input type="checkbox"/>             | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cumulative GPA  | <input type="checkbox"/>  | <input type="checkbox"/>             | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Verification of Degree(s)—Degree Name and Date Granted      |   |                                      |                                |
| <input type="checkbox"/> Expected Graduation Date                                    |   |                                      |                                |
| <input type="checkbox"/> Special Instructions:                                       |   |                                      |                                |

*For Office Use Only*

|              |           |
|--------------|-----------|
| Processed by | Date Sent |
|--------------|-----------|