



**Office of the Registrar**  
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Tel: 401-341-2943 \* Fax: 401-341-2996  
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## ENROLLMENT VERIFICATION

**PRINT CLEARLY.**

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Academic Year to be Verified:** \_\_\_\_\_ ☐ Fall ☐ Spring ☐ Summer I ☐ Summer II

**Check Student Category** ☐ Undergraduate ☐ Graduate  
☐ Continuing Education ☐ Ph.D.

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Home Address: Number & Street:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SEND VERIFICATION TO THE FOLLOWING ADDRESSEE

By my signature above, I request the University to send verification of my student enrollment to the address below. I understand the verification letter will include my CURRENT status including class standing (Freshman, Sophomore, Graduate, etc), full or part-time status, and anticipated date of graduation.

**Check one type of service per form submitted:**

- ☐ MAIL enrollment verification to the address below.
- ☐ FAX enrollment verification to the fax number below.
- ☐ I WILL PICK UP the enrollment verification personally.

**Complete the following addressee information:**

**Company Name:** \_\_\_\_\_

**Department or Person (to send verification to attention of):** \_\_\_\_\_

**Company Address— Number & Street:** \_\_\_\_\_

**City, State, & Zip:** \_\_\_\_\_

**Company Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

### DESIRED PROCESSING DEADLINE

**Notice:** Processing time for verifications is normally 5-6 business days. During peak registration and graduation periods some delays are normal. If you need expedited processing please indicate date needed below. We will do our best to provide this service.

**I need faster than normal service. Please send verification by (date needed):** \_\_\_\_\_