

ENROLLMENT VERIFICATION

Processed by: _____

Date: ___

OFFICE OF THE REGISTRAR

901 12th Avenue P.O. Box 222000 Seattle, WA 98122-1090 (206) 220-8030; Fax: (206) 296-2443 Email: registrar@seattleu.edu

Law students: contact the Law School Registrar for a verification

~ Print in Ink ~

Student ID Number:			Phone N		
Charlent Level News			CUE	Area Code	ОW d.
Student Legal Name:	st	First	SU EMa Middle	II:	@seattleu.edu
► Student Signature				Date: _	
NO7	verification provided will in <i>E: Second majors, mino</i>	nclude student name, anticipa rs and specializations will not to prove enrollment. Go to w	appear but are indicated on t		on date.
Indicate yes or no for ea	ch item below:				
□ Yes □ No	In addition to my enrolli	ment, also include my cumulat	ive GPA.		
\square Yes \square No	I have attached suppler	mental forms that need to be i	ncluded with my verification.		
□ Yes □ No		only after you process my red Updated Year:	quest to update my anticipate	d graduation date (su	ubmitted separately).
	THE VERIFICATION DEL	,			
Hold for pick-up by				(must show pho	to ID when picked up)
		on authorized to pick up First			
Mail to:					
	Name				
	Address				
	City	State	Zip		
			DEGIG	TDADIC OFFICE LIGH	ONLY
			REGIS	TRAR'S OFFICE USE	UNLY