

REQUEST FOR STUDENT ENROLLMENT VERIFICATION

Print Name: _____

Social Security # : _____ Include on Letter? Yes or No (CIRCLE ONE)

Phone Number: _____

AiPH email address: _____

Student Signature*: _____

Date: _____

*We MUST have student signature to release any information.

Please complete applicable box(es):

I will pick up the enrollment verification.

Please fax verification to the following person or company:

Fax #: _____

Attention: _____

Please mail verification to the following address:

Name: _____

c/o (if applicable): _____

Street Number / Apt #: _____

City / State / Zip Code: _____

Please include the following ADDITIONAL information with the verification:

Examples: Policy Holder Name / Group # / Parent Name

If you are picking this form up from the Registrar's office, it will be available the following business day.

Requests made during the first week of school, may have some delays.

If you have any questions, please feel free to ask!