TEMPLE UNIVERSITY®
Academic Records

Request for Enrollment Verification

____/____/____
Today's Date

_____ _____ _____
Social Security # *Last Name* *First Name* *M.I.*

Please verify enrollment from: ____Fall ____Spring ____Summer I ____ Summer II of the year_____

To the current semester: ____Fall ____Spring ____Summer I ____ Summer II of the year_____

Name/SS# or group ID needed to verify dependent's benefits:

_____

_____

Please provide the standard University Verification Letter

___ I will pick up the letter –or-- __ mail it to this address →

OR

___ Please complete the form I am providing with this request and mail verification document(s) to the address printed above.

Please Mail To:

_____

_____

_____

Day phone # (_____)_____

Email _____ Signature _____