



Registrar's Office  
C.B. Hedgcock, Room 2202  
1401 Presque Isle Avenue  
Marquette, Michigan 49855  
Phone: (906) 227-2278  
Email: records@nmu.edu

## Request for Verification of Enrollment

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NMU IN: \_\_\_\_\_ Local Phone #: \_\_\_\_\_

I authorize release of information requested in this letter to the Registrar's Office

\_\_\_\_\_  
Signature of Student Date

Semester(s): \_\_\_\_\_

Specify Enrollment Status in Letter (part/full time): Yes      No

Pick up letter:      Yes      No

Email letter:      Yes      No      Email:

Fax letter:      Yes      No      Fax Number:

Mail letter:      Yes      No

Mailing letter Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information Needed in Letter:

\_\_\_\_\_

**Note:** This form is for current and recently enrolled students only. It is not to be used in place of a transcript. Processing takes 2-3 business days once received by the Registrar's Office.