

Registrar’s Office
C.B. Hedgcock, Room 2202
1401 Presque Isle Avenue
Marquette, Michigan 49855
Phone: (906) 227-2278
Fax: (906) 227-2231
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

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 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\_\_\_\_\_

Fax letter: Yes\_\_\_\_\_ No\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail letter: Yes\_\_\_\_\_ No\_\_\_\_\_\_

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

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Additional Information Needed in Letter:

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**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.*