

Office of the Registrar
PARENT REQUEST FOR STUDENT
ENROLLMENT VERIFICATION



Personal information <i>(please print)</i>	
STUDENT NAME First Last	Student email:
PARENT NAME First Last	Student ID number <i>(if known)</i> :
Parent signature: I hereby acknowledge that the student named above is my dependant, as defined by the IRS. <div style="text-align: right;">Date:</div> X	Parent email:
	Parent phone:

Information to be included in an official letter						
<p>Standard student verification requests will include:</p> <table border="0"><tr><td>1) Name and date of birth</td><td>3) Semester dates</td><td>5) Past/current registration</td></tr><tr><td>2) Major</td><td>4) Credits completed</td><td>6) Full time/part time status</td></tr></table> <p>Standard verification requests take 1-2 business days. Additional information may be noted here:</p> <hr/> <hr/> <hr/>	1) Name and date of birth	3) Semester dates	5) Past/current registration	2) Major	4) Credits completed	6) Full time/part time status
1) Name and date of birth	3) Semester dates	5) Past/current registration				
2) Major	4) Credits completed	6) Full time/part time status				

Delivery method	
Select one delivery method: <input type="checkbox"/> Office pick up <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax	Parent / recipient email, address, or fax number for delivery: <hr/> <hr/> <hr/>

Submission Information - send completed form by email or mail to:	
Email: registrar@calvin.edu	Mail: Calvin University Attn: Office of the Registrar 3201 Burton St SE Grand Rapids MI, 49546

Registrar's Office Use Only			
Received Date	Initial	Sent Date	Initial