

Request for Enrollment Verification Letter

Office of the Registrar, 320 Carrington Hall
Missouri State University 901 South National Avenue Springfield, Missouri 65897
(417) 836-5520 Fax (417) 836-8776

A standard letter will list the student's status (full-, half-, or less-than-half-time) along with the dates of the semester. Please indicate any additional information such as parent's name or insurance ID number, or any other type of verification (expected graduate date, enrollment history, etc) if needed.

Student Name: _____ Student ID Number: _____

Will not be included without student's signature.

Daytime Phone Number (_____) _____ Requested By: _____

Additional Information:

- Parent name & SS# _____
- Parent name & work ID# _____
- Insured's name _____
- Group number _____
- Expected graduation date _____
- Enrollment history _____
- Other _____

Choose all that apply:

- MAIL verification to: _____

- FAX verification to: _____
Fax number: (_____) _____
- Pick up at Office of Registrar, Carrington Hall 320

Student Signature _____ Date _____

Non-directory information will not be included without student's signature

If you have any questions regarding your enrollment verification, please contact the Office of the Registrar at (417) 836-5520 or via email at Records@missouristate.edu.

Office Use Only
Initials
Date