



Two Gateway Center • Suite 1700 • 603 Stanwix Street
Pittsburgh, PA 15222 • Phone (412) 281-4967 • Fax (412) 562-0292

STUDENT ENROLLMENT VERIFICATION FORM

STUDENT IDENTIFICATION *(to be completed by student)*

NAME: _____

STUDENT ID NUMBER: _____

ENROLLMENT VERIFICATION *(to be completed by college/university staff)*

This statement is to certify that on this _____ (day) of _____ (month), 20____ (year), the student identified below is currently enrolled at _____ college/university.

NAME OF INSTITUTION: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL CONTACT PERSON *(to be completed by college/university staff)*

NAME: _____ TITLE: _____

SIGNATURE: _____

AFFILIATED OFFICE: _____

TELEPHONE NUMBER (include area code): _____

EMAIL ADDRESS: _____

“A Community is Only as Strong as Its Foundation”

A copy of the official registration and financial information may be obtained from the PA Department of State by calling toll free 1 (800) 732-0999. Registration does not imply endorsement.