

OFFICE OF THE REGISTRAR registrar@asbury.edu

## **VERIFICATION OF ENROLLMENT**

Unofficial transcripts are available on the Student Portal and may be used for verification purposes. https://portal.asbury.edu With the completion of this form, the Registrar's Office will issue an official document with the current term, student's name, enrolled credits, and optional GPA. Must be completed and turned in by the student. Processing time is 5-7 business days.

Full Name [print]:		Include G	SPA: □ Yes □ No
Last 4 Digits of SSN:	Birth Date:	Phone:	
Program:   Undergi	rad   APS   Graduate Studies	Number of Co	opies (Limit 2):
Permanent Address:			☐ Update Address
Send Verification to:	<ul><li>□ Permanent Address</li><li>□ CPO</li><li>□ Other:</li></ul>		
Student Signature: _		Da	te:
OFFICE USE ONLY			
<ul><li>☐ Completed Student Provi</li><li>☐ Institutional Letter Sent</li><li>☐ Student Notified</li></ul>	ided Documents		Received
Completed by:			