

**UNIVERSITY of
INDIANAPOLIS.**

Office of the Registrar • Attn: Verifications
1400 E. Hanna Avenue • Indianapolis, IN 46227
(317) 788-3219 • Fax: (317) 788-3254

Verification of Enrollment Request

Term _____

NAME _____
(Last) (First)

STUDENT ID NUMBER _____ **TELEPHONE** _____

AUTHORIZED SIGNATURE _____
(Required before verification can be released)

Mail/FAX Information:

Name/Company _____

Mailing Address _____
Number and Street City State Zip

FAX number (for fax requests only) _____

Office Use Only
Initials _____ Date _____

Will pick up on _____