Lewis & Clark College

College of Arts and Sciences
Office of the Registrar
Phone 503.768.7335
Fax 503.768.7333
E-mail reg@lclark.edu
www.lclark.edu

Enrollment Verification Request

- Verifications include the student's name, address, DOB, student ID number, semester dates, # of credits, full or part time status, major, start term & class level.
- Lewis & Clark verifies enrollment for present and past semesters only.
- Return the form to the CAS Registrar's Office in person, by fax or by email – student signature required.

Last Name (Please Print) _____ **First Name** _____ **Date** _____

LC ID# _____ **Email Address** _____ **Phone** _____ **MSC** _____

❑ **Send only enrollment verification**

❑ **Send enrollment verification and additional information**

- ❑ Include my cumulative GPA on the enrollment verification.
- ❑ Verify that my academic standing is "good" on the enrollment form.
- ❑ Complete and include attached insurance form or good driver discount form.
- ❑ Complete and include other type of form or attachment (specify): _____

SEND TO:

❑ **Hold for Pick-up** *(must show photo ID at time of pick-up)*

❑ **Send enrollment verification (and additional information if applicable) to:**

I authorize the Registrar's Office to release the specified records to the party listed above.

Signature _____ ***Date*** _____

Registrar's Office Use Only: Date Received:

Date verification completed	_____	
Requested info included	❑Yes	❑N/A
Attached form completed	❑Yes	❑N/A
Initials	_____	