



VERIFICATION OF ENROLLMENT REQUEST FORM

Student's First & Last Name: _____ Student ID: _____
Address: _____ City: _____ State: _____ Zip: _____

I, _____, authorize Arlington Baptist University to release verification of enrollment to the following individual or institution:

Name of Individual or Institution: _____

Please check the method of delivery:

Mail

Address: _____ City: _____
State: _____ Zip: _____

Email

_____ @ _____

Pick Up

Date of Pickup: _____

Student Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____