



# Carolinus College of Health Sciences Request for Enrollment Verification Form

(NOTE: Please allow 1-2 business days for processing.)

**For Loan Deferments:** it is recommended that you obtain a Deferment Request form directly from your Loan Servicing Company's website. You may complete and submit for enrollment verification processing instead of using this form.

**For Enrollment Verification (other than Loan Deferment), check appropriate box below.**

I need proof of my enrollment for:

- Insurance Company       Financial Institution       Other \_\_\_\_\_

Method of Delivery:

- I will pick up       Mail directly to company       Mail to my home address       Fax to company

**PLEASE PRINT LEGIBLY. COMPLETE ALL FIELDS TO ENABLE PROCESSING OF YOUR REQUEST.**

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Current Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State & Zip Code)

Name of Company Requiring Verification: \_\_\_\_\_

Department: \_\_\_\_\_ Fax No. \_\_\_\_\_

Address: \_\_\_\_\_

(Street Address)

\_\_\_\_\_  
(City, State & Zip Code)

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

**FOR REGISTRAR OFFICE USE ONLY:**

Request Processed by: \_\_\_\_\_ Date: \_\_\_\_\_