



# ENROLLMENT VERIFICATION REQUEST

Student Name:	Phone Number:
St.Thomas ID/SSN:	Email:

**TERM(S) TO BE VERIFIED:**

Term(s)/Year(s) : J-Term      Spring      Summer      Fall

**SELECT THE INFORMATION TO BE VERIFIED FROM THE ITEMS BELOW:**

- Anticipated Graduation Date
- Class Schedule
- Degree Program
- Enrollment/Registration Status (Full-time, Half-time, etc)
- Number of Credits
- Other: \_\_\_\_\_

**DELIVERY METHOD:**

- Please allow 2 days to process your request.
- I will pick up letter at front desk:
  - St. Paul    Minneapolis    Law School
- Mail letter to address below:

Person/Organization: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Fax letter to:  
Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Student Signature:	Date:
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**PLEASE SUBMIT FORM TO:**

Email: [registrar@stthomas.edu](mailto:registrar@stthomas.edu)

St. Paul Location:

Student Data & Registrar's Office  
MHC 126 Mail #5001  
University of St. Thomas,  
2115 Summit Ave, St. Paul, MN 55105  
Fax: 651-962-6710

Minneapolis Location:

Student Data & Registrar's Office  
TMH 251  
1000 LaSalle Ave, Minneapolis, MN 55403  
Fax: 651-962-4707