Enrollment Verification Request Form

Shenandoah University verifies students enrollment based on semester. If you need verification for multiple semesters a separate letter will be created for each semester. If you have any questions pertaining to Enrollment Verifications please contact the Registrar’s Office.

Registrar’s Office
1460 University Drive
Winchester, VA 22601
Phone: 540-665-3499 | Fax: 540-665-5446
registrar@su.edu

Name: ____________________________________________

Last Name: ___________________________ First Name: ___________ MI: ___________

SU ID#: ___________________________ Contact Phone #: ___________________________

Student Home Address: __________________________________________________________________

Semester to Verify: ___________________________ Anticipated Date of Graduation: ________________________

To Mail or Email Request:

Recipient Name: ___________________________ Email Address: ___________________________

Address to Send to: __________________________________________________________________

To Fax Request:

Name of Company/Place: ___________________________

Attention To: __________________________________________________________________

Phone Number: ___________________________

Fax Number to send to: ___________________________

STUDENT SIGNATURE: __________________________________________________________________

(Office Use Only)

Received By: ___________________________ Date Received: ___________________________

Processed By: ___________________________ Date Processed: ___________________________

Last updated: 7/2/14 NSG