



A TECHNICAL COLLEGE

3427 North Main Avenue
Scranton, PA 18508-1495

Office of the Registrar

ENROLLMENT VERIFICATION REQUEST FORM

Name (print all information please) Student ID #

City State Zip

MAJOR: _____

Purpose of letter: Loan Deferment _____ Insurance _____ Other _____

Please release information concerning my enrollment Status for:

Spring(Year) _____ Fall(Year) _____

I am/was enrolled:

- _____ Full time (12 to 22 credits)
- _____ Half time (6 to 11 credits)
- _____ Less than half time (less than 6 credits)

My expected date of graduation is: _____

This letter is to be: ___Picked up in Person ___Mailed ___Faxed

If Faxed, Fax to: (____) _____ - _____

Mail to: _____

Signature: _____ Date: _____