Enrollment Verification Request Request will not be processed if form is not completed in its entirety

110			
Full name			
1.2			
Social Security Number	OR	Student Identification Number	
Terms to be verified	Spring/Fall	Year	11 APR
renns to be vernied	spring/Pail	Tear	
5		8	
·			
Additional information to be inc	luded (i.e. insurance p	olicy/member number, graduation date, par	ent's name/SSN, etc.
-			
Do you need your GPA include	d on the verification? (I	.e., Good student discount, scholarship)	
	3		
		to the communicate informations	
Please check one of the f	ollowing and provi	de the appropriate information:	
∃ Student pick-up—pleas	e notify me at the :	following telephone number or ema	ail address:
- 1997 - 1997 1997 - 1997		0-01 (7 <u>1 - 71 - 71 - 70 - 71</u> 1)	
Please fax verification t	o the following fax	number:	
hereby give Butler Unive forementioned party.	rsity permission to	release information related to my	enrollment to the
ignature - only necessary if we rel	ease your GPA, (usually re	equired for insurance Good Student discounts)	Date
		2	