Enrollment Verification Form

Important Notes

- Please complete this form if you would like the Enrollment Center to prepare your enrollment verification.
- **For self-service options see below:**

  You may obtain enrollment verifications by logging in to AugNet Records and Registration and clicking on the Enrollment Verification link. You then have the option to "Obtain an Enrollment Certificate" or "Obtain a Good Student Discount Certificate." When submitting either document to a third party, be sure to include any necessary account or policy numbers for identification purposes.

Full information about enrollment verification is at:
http://www.augsburg.edu/registrar/verification

How to Submit
In person:
Enrollment Center
Sverdrup Hall 101
By mail:
Augsburg University
Registrar's Office, CB 71
2211 Riverside Avenue
Minneapolis, MN 55454
By email or fax:
registrar@augsburg.edu
Fax: 612-330-1425

Student / Verification Information

Student Name: _____   _____   _____
                   Last   *First*   *Middle*

Student ID: _____ Last Four of SSN: _____ Phone: _____

Current Program: ☐ Day   ☐ AU   ☐ Grad   ☐ Rochester

SEMESTERS TO BE VERIFIED: ☐ Fall   ☐ Spring   ☐ Summer

ACADEMIC YEAR TO BE VERIFIED: _____ - _____

SELECT THE INFORMATION TO BE VERIFIED FROM THE ITEMS BELOW:

☐ Enrollment Status (Full-time, Half-time, etc.)

☐ Anticipated Graduation Date

☐ Degree Program (B.A., B.S., Major/Minor)

☐ Grade Point Average (Cumulative or Term)

☐ Class Standing (Freshman, Sophomore, Junior, Senior, Grad)

☐ Other: _____

PURPOSE OF RELEASE: _____

I authorize Augsburg University to release the information indicated above to the address listed below:

Student Signature: _____ **Date:** _____
       Sign in ink, or draw your signature with a mouse or touchscreen device. Typed digital signatures are not accepted.   *MM / DD / YYYY*

This verification should be sent directly to the company or school requesting the information.

SEND VERIFICATION TO: (Please print clearly. Include email address or full mailing address of recipient)

Email Address: _____

Company/School Name: _____

Attn: _____

Address: _____

City/State/Zip: _____

Insurance Company Policy Number (recommended):_____

NOTE: Request may take up to four days to process. Requests without complete information above will NOT be processed (information requested is required by law). **Enrollment verification is not completed until after the 10th day of the term.**