Fax: (312) 277-0918 **Phone: (312) 662-4130**

Adler School of Professional Psychology

ENROLLMENT AND DEGREE VERIFICATION FORM

✷ PLEASE PRINT LEGIBLY AND COMPLETE THE ENTIRE FORM ✷ INCOMPLETE FORMS WILL BE RETURNED ✷

SECTION 1: PERSONAL INFORMATION

First Name:_____Last Name:_____
Previous Names During Attendance:_____
SSN# or Student ID:_____Program:_____
Mailing Address:_____
City:_____State:_____ Zip Code:_____
Daytime Phone:_____Email Address:_____
Dates of Attendance:_____Degree:_____
Anticipated Graduation Date (if applicable):_____Graduation Date (if applicable):_____

SECTION 2: CHECK ALL THAT APPLY TO YOUR REQUEST

- ❑ Verification of Enrollment
- ❑ Verification of Good Standing (note: students on Academic Probation are not in good standing)
- ❑ Verification of Degree
- ❑ Verification of GPA
- ❑ Verification of Status (Full-time/Part-time)
- ❑ Fill out the form(s) attached
- ❑ Include an Official Transcript (please include a Transcript Request Form and the appropriate fee)
- ❑ Special Instructions:_____

Section 3: DELIVERY INFORMATION

- ❑ Mail _____ copies of the requested document to the address indicated above.
- ❑ Email the requested document to: _____.
- ❑ Fax the requested document to: _____.
- ❑ Student Pick-up (Office of the Registrar - 15th Floor) when the document requested is ready.
- ❑ Please send _____ copies of the document requested to the address below:

Name/Company:_____
MailingAddress:_____
City:_____State:_____Zip Code:_____

SECTION 4: NOTIFICATION INFORMATION

- ❑ Please provide an e-mail or phone number so that we may notify you when your request is received and when your request has been processed:_____

Signature:_____Date:_____

If returning request by mail, send to: Adler School of Professional Psychology
Attention: Office of the Registrar
17 North Dearborn, Chicago, IL 60602-4310

IMPORTANT: Please allow 10 business days for processing. If you have any questions regarding the status of your request, please email our office at registrar@adler.edu. Requests that are not picked up within 10 business days of notification will be mailed to the address at the top of this form.

OFFICE USE ONLY:	☐ Current Student	☐ Withdrawn	☐ Alumnus
Registrar Rep Initials and Date Received:		Registrar Rep Initials and Date Processed:	