WILMINGTON
UNIVERSITY

**Wilmington University**
**Office of the Registrar**
**320 N. DuPont Highway**
**New Castle, DE 19720**
**302-356-4636 / FAX: 302-328-8907**

# Enrollment Verification Form

**To process verification, the Registrar's Office requests the following information:**

**Name**_____

**Student ID**_____

**Phone #**_____

**Please check ☑ the box that applies to you:**

| | |
|---|---|
| | **I need a letter verifying that I am enrolled full-time or number of credits for the current semester.** |
| | **I need a letter verifying a past semester of attendance. Indicate the semester:** |

**Check ☑ delivery option:**

| | | |
|---|---|---|
| | **To pick up in person:**<br>**STUDENT PHOTO ID REQUIRED** | **Phone # if different than above:** |
| | **Fax letter to:** | **Fax #:** |
| | **Mail letter to:** | **Address:** |

**Signature**_____ **Date**_____

***The Registrar's Office requires 2 to 3 business days to process.***

Form Updated 9/18/2007