Request for
Verification of Enrollment

Name _____

Student ID# _____

Date Entered Central Penn: Month_____ Day_____ Year _____
Expected Graduation Date: Month_____ Day_____ Year _____

The above information is usually all that is needed: however, if you need additional information in the verification letter (for example, a parent's group insurance number, etc.), please place all additional information in the box below.

Additional Information Requested

Parent(s) Name _____

Other _____

_____

Mailing/Faxing Instructions

Mail to: _____
(Other than
student) _____

_____

or

Fax to: _____

_____

or

Pickup: (Date/Time) _____

YOUR SIGNATURE BELOW GRANTS CENTRAL PENN COLLEGE PERMISSION TO RELEASE THE INFORMATION REQUESTED ON THIS FORM.

_____   _____
Signature   *Date*

PLEASE RETURN THIS REQUEST FORM TO RECORDS & REGISTRATION, ROOM 23A,
OR MAIL OR FAX TO THE FOLLOWING ADDRESS: Records & Registration
Central Penn College
600 Valley Road, PO Box 309
Summerdale PA 17093-0309

FAX: 717-732-5254