



Office of Records & Registration
2500 West North Avenue
Baltimore, MD 21216
410-951-3700 Office | 410-951-3701 Fax

ENROLLMENT/DEGREE VERIFICATION REQUEST

In order to ensure timely and accurate processing of your request, please complete all sections of this form and include your signature. Enrollment verifications are processed in the order of receipt within 2 working days and will be mailed or faxed.

Please print student information clearly.

Student Identification Number or SSN (last 4):	Date:
Last Name:	First Name:
Name Previously Attended:	Contact Number:
Address:	City, State, Zip Code:
Signature:	

Select the type of information you wish to include on your verification:

Currently Enrolled? ☐ Yes ☐ No

Degree Earned? ☐ Yes ☐ No

Anticipated Graduation Year: _____

Select Term:

Fall ☐ Winter ☐ Spring ☐ SUM ☐

☐ Enrollment Verification w/o GPA

☐ Enrollment Verification w/GPA

☐ Student Schedule

Process with:

☐ Degree post

☐ Attached Form

☐ Transcript Request

☐ Receipt # _____

☐ Embassy Letter

Student's request to Embassy (See Attached Template)

Complete Address or fax number of verification destination. Please print clearly.

☐ Fax ☐ Mail

Company:		
Attention to:		
Address:		
City:	State:	Zip Code:
Fax Number:		

OFFICE USE ONLY Received By: _____

_____ Date: _____

Processed By: _____ Date Mailed: _____

Revised: August 2025