

# Request for Verification of Enrollment

**Full Name:** \_\_\_\_\_

I-Number: \_\_\_\_\_

Current Phone: \_\_\_\_\_

**Delivery Information:**

Name / Company: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Purpose of Verification:**

Insurance: Policy # \_\_\_\_\_

Loan Deferment / Scholarship

Proof of Residency

Other: \_\_\_\_\_

**Release of Information:**

I hereby authorize BYU-Idaho to release the following information on this verification of enrollment:

GPA       Social Security Number       Academic Status

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_