



NORTHWESTERN UNIVERSITY

ENROLLMENT VERIFICATION REQUEST

Return to: Office of the Registrar
Northwestern University
633 Clark Street
Evanston, Illinois 60208
Email: nu-registrar@northwestern.edu
Fax: (847) 491-8458

Print Full Name _____
Date _____
ID Number _____ Date of Birth _____
Student signature _____
(Verification will not be processed without student's signature)
Phone number _____ Email _____
Are you currently registered? YES NO School _____

Verification of:
 Current Attendance
 Past Attendance
 Advanced Registration for Term
 Cumulative GPA
 Degree Conferred
 Other _____
 Check to include SSN in verification letter
*Verifications containing SSN cannot be emailed
Please Include: _____

Please check one:
 Pick-up (Please allow two business days for processing)
 Mail to:

 Fax to: _____
 Email to: _____

For Office Use: Date mailed/emailed _____ Date faxed _____ Picked up by/ Date _____