



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 _____
LAST FIRST MIDDLE

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 _____