The Enrollment Verification Form is on page 2 if you would like the Enrollment Center to prepare your enrollment verification.

**For self-service options, read this page.**

You may obtain enrollment verifications by logging in to AugNet Records and Registration and clicking on the Enrollment Verification link. You then have the option to “Obtain an Enrollment Certificate” or “Obtain a Good Student Discount Certificate”. When submitting either document to a third party, be sure to include any necessary account or policy numbers for identification purposes.

Full information about enrollment verification is at [http://www.augsburg.edu/registrar/verification/](http://www.augsburg.edu/registrar/verification/)
ENROLLMENT VERIFICATION

Student Name: ________________________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
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Augsburg ID#: ____________________  Day Phone Number: __________________________

Social Security Number: ____________________________________

Current Program:  □  Day  □  AU  □  Grad  □  Rochester

SEMESTERS TO BE VERIFIED:

□  Fall  □  Spring  □  Summer

ACADEMIC YEAR TO BE VERIFIED: _________ - __________

SELECT THE INFORMATION TO BE VERIFIED FROM THE ITEMS BELOW:

□  Enrollment Status (Full-time, Half-time, etc.)

□  Anticipated Graduation Date

□  Degree Program (B.A., B.S., Major/Minor)

□  Grade Point Average (Cumulative or Term)

□  Class Standing (Freshman, Sophomore, Junior, Senior, Grad)

□  Other ________________________________________________________________

PURPOSE OF RELEASE: ____________________________________________________

I authorize Augsburg University to release the information indicated above to the address listed below:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Student Signature ___________________________  Date __________________________

This verification should be sent directly to the company or school requesting the information.

SEND VERIFICATION TO: (Print clearly!!)

Company/School Name: ______________________________________________________

Attn: _____________________________________________________________________

Address: __________________________________________________________________

City/State/Zip: ______________________________________________________________

Insurance Company Policy Number (recommended): ____________________________

NOTE: Request may take up to four days to process. Requests without complete information above will NOT be processed (information requested is required by law).  Enrollment verification is not completed until after the 10th day of the term.