



Enrollment Verification Request

STUDENT INFORMATION:

Student ID: @ _____ **Phone Number:** _____

Name: Last _____ First _____ M.I. _____

Local Address: _____
Street City State Zip Code

INSTRUCTIONS:

Self-Service Enrollment Verifications are available on-line in two formats that are generally acceptable for health insurance or loan providers. The verification includes the enrollment term dates and indicates full-time or part-time status. Printing your enrollment certificate online means you will not have to submit this form to Records and Registration. Please try either of the following two Self-Service Enrollment Verification options before submitting an Enrollment Verification Request to the Office of Records and Registration.

1. National Student Clearinghouse –Enrollment information is updated periodically throughout the semester. Enrollment for Current Enrollment and All Enrollments are available. For instructions on obtaining an Enrollment Certificate through the National Student Clearinghouse, keyword search “[National Student Clearinghouse](#)” from the [Edinboro Homepage](#).
2. S.C.O.T.S. – Enrollment is updated as soon as you are scheduled for a semester. Enrollment for Current Term, Enrollment History-All Terms, Good Driver Discount, or Scholarship GPA and Enrollment options are available. For instructions on obtaining an Enrollment Verification from S.C.O.T.S., keyword search “Enrollment Verification” from the [Edinboro Homepage](#).

Enrollment verifications processed by the Office of Records and Registration are available if the **Self-Service Enrollment Verifications** are not sufficient. Please allow sufficient time for request to be fulfilled, usually 3-5 business days. Current or previous term enrollment will be verified upon request. Future term enrollment verification may be requested only **after** you have pre-scheduled.

VERIFICATION INFORMATION:

Term: Fall 20____ Spring 20____ Summer 20____ All previous and current enrollment

Reason for verification: _____

Verification will include: term dates, number of credits scheduled for current term, and estimated graduation date. If you are requesting other information to be provided, please indicate below:

Name and address where information should be mailed:

Student Signature: _____ **Date:** _____

Mail or Fax Completed Form to: Office of Records and Registration, Edinboro University, Hamilton Hall, 210 Glasgow Rd, Edinboro, PA 16444, Fax: 814.732.2130, Phone: 814.732.3501
Or Email to: records@edinboro.edu