

Office of the Registrar ENROLLMENT VERIFICATION REQUEST

Students may also obtain verifications of enrollment through the National Student Clearinghouse link on ZAGWEB. Third-party requestors must obtain verifications through the National Student Clearinghouse at www.studentclearinghouse.org.

	Q			
	STUDENT INFORM	MATION		
Name: (Last)	(First)	(M.I.)	GU ID# or SSN:	
Email Address:			Phone#:	☐ Cell
Email Address.			PHOHE#.	=
				☐ Home
Student Signature:			Date:	
VERIFICATION INFORMATION				
Term of Verification (check all applicable semesters):	Year:	Anticipa	ated Graduation Date (month/year):	
☐ Fall ☐ Spring ☐ Summer				
		<u> </u>		
☐ Complete the attached form				
☐ Provide the following type of University Verification (select one)—				
☐ Scholarship ☐ Degree Verification ☐ Good Student Auto Insurance Discount				
☐ Loan Deferment ☐ Military ID/Driver's License ☐ Grade Report for Tuition Reimbursement				
☐ Health Insurance ☐ Current Term Enrollment ☐ Enrollment with Class Schedule				
Additional Information Required:				
Additional miormation required.				
Copies of Verification:	Processed within 1-3 bu			
Gonzaga University can only verify terms in which the student is actually enrolled in				
courses.				
Delivery Method				
Upld for pick up by student		ПОВ		
Hold for pick up by student	☐ Mail—			
☐ Fax—				
Attn:				
Number:				
INUITIDEL				

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