



Registrar's Office
C.B. Hedgcock, Room 2202
1401 Presque Isle Avenue
Marquette, Michigan 49855
Phone: (906) 227-2278
Fax: (906) 227-2231
Email: records@nmu.edu

Request for Verification of Enrollment

Name: _____ Date of Birth: _____

NMU IN: _____ Local Phone #: _____

I authorize release of information requested in this letter to the Registrar's Office

Signature of Student Date

Semester(s): _____

Specify Enrollment Status in Letter (part/full time): Yes No

Pick up letter: Yes No

Email letter: Yes No Email:

Fax letter: Yes No Fax Number:

Mail letter: Yes No

Mailing letter Address: _____

Additional Information Needed in Letter:

Note: This form is for current and recently enrolled students only. It is not to be used in place of a transcript. Processing takes 2-3 business days once received by the Registrar's Office.