



Northern Michigan University
Registrar's Office
C.B. Hedcock, Room 2202
1401 Presque Isle Avenue
Marquette, Michigan 49855
Phone: 906-227-2278
Fax: 906-227-2231
www.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 _____

Fax letter: Yes _____ No _____ Fax Number (Only if yes): _____

Mail letter: Yes _____ No _____

Address (Only if yes): _____

Additional Information Needed in Letter:

Note: It takes 2-3 business days to process this request once the form is received