



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](mailto: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 \_\_\_\_\_

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.