

Lincoln College

Enrollment Verification Request

Instructions: Download and complete this form, including a signature. Returning the completed form to the Registrar's Office or -- Mailing in the completed form to Lincoln College 300 Keokuk, Lincoln, IL 62656 Attn: Registrar or -- Faxing the completed form to the Registrar's Office at (217) 732-2992. Enrollment Verifications are mailed or faxed. Usual processing time is 3-5 working days. For general Enrollment Verification questions, please contact the Registrar's Office at (217)732-3155 ext. 243.

Please complete the following:

Lincoln College ID or Social Security Number: _____ Date of Request: ___/___/___

Student's Name _____

Student's Name at time of Attendance (If Different) _____

Street Address _____

City _____ State _____ Zip code: _____

Student's Daytime Area Code/Phone # ___ / ___ - ___ E-mail: _____

Date of Birth ___ - ___ - ___ Dates of Attendance ___ - ___ - ___ to ___ - ___ - ___

Please check one of the following:

___ FAX My Enrollment Verification to: FAX Number: (_____) _____ - _____

Name if known: _____ Company if known: _____

___ Student will pick up Enrollment Verification at the Registrar's Office

___ Mail my Enrollment Verification to:

Please send my enrollment verification to:

Institution or Company: _____

Attention (if needed): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Institution or Company: _____

Attention (if needed): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

STUDENT'S SIGNATURE: _____

Please complete the following information you need verified:

Semester Verifying: Fall ___ Spring ___ Summer ___ Year Verifying: 200___

Hours Enrolled: _____ Degree Working Towards: _____ Anticipated Graduation Semester/Year: _____

Please Check:

___	Grade Point Average for most recent semester	___	Cumulative Grade Point Average
___	Total Hours Earned	___	In Good Standing, Probation, or Suspended