

Lincoln College - Normal

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 -- Normal 715 West Raab Road, Normal, IL 61761, Attn: Registrar or -- Faxing the completed form to the Registrar's Office at (309) 268-4345.
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 (309) 268-4356.

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