

**Drury University**  
**Enrollment Verification Request Form**

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Drury I.D.#: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Semester(s): \_\_\_ FALL \_\_\_ SPRING \_\_\_ SUMMER \_\_\_ ALL DATES OF ATTENDANCE

Type of Verification: \_\_\_\_\_ Full-Time/Half-Time Status  
\_\_\_\_\_ Degree Verification  
\_\_\_\_\_ Expected Date of Graduation  
\_\_\_\_\_ Other (Explain Below)

Send to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*Please note that the student's signature is required in order to release actual schedules, grades or GPA information.