

Office of the Registrar

2500 North River Road | Manchester, NH 03106-1045 | Phone: 603.668.2211 | Fax: 603.629.4647

Enrollment Verification Request

(Please Print)

Name: _____

SS or ID#: _____

Address: _____

Phone: _____

Please Note: Verification requests are processed in the order in which they are received. Processing time varies with the volume of requests and time of academic year. Incomplete or illegible forms will not be processed. Letters requiring the Registrar's signature and/or seal cannot be sent via fax, and will only be issued directly to the student in a separate sealed envelope. Opening this envelope invalidates the verification.

Insurance Verification

Name of Insurance Co: _____

Name of Policyholder: _____

Group/Member ID#: _____

Loan Deferment

Name of Lender: _____

Account #: _____

Address (or fax if applicable): _____

Enrollment Verification

Reason for Verification: _____

Name of person or company: _____

Address (or fax if applicable): _____

Pick up by student

Mail to student

Mail to company

Southern New Hampshire University complies with the Family Educational Rights and Privacy Act (also known as the Buckley Amendment). This act, passed by Congress in 1974, protects the rights of the student in matters of access and release of information contained in the student's records. Questions regarding this policy should be referred to the Registrar.

I have read and understand the above information.

SIGNATURE: _____ DATE: _____

Return this form to the Office of the Registrar.