



# ENROLLMENT VERIFICATION REQUEST

## Wheeling Jesuit University

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
First Middle Last or WJU Student ID#

Other Name(s): \_\_\_\_\_ SSN: \_\_\_\_\_  
Previous/Maiden or Social Security Number

Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street Address City State Zip or Date of Birth

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Enrollment:  Current Student or Dates of Attendance From: \_\_\_\_\_ To: \_\_\_\_\_  
MM / YYYY MM / YYYY

Note: Please allow 7-10 business days processing time; additional delays may occur at peak times. Enrollment Verifications will not be released for a student that is encumbered by financial obligations to the University. For expedited service, one must use the online system through National Student Clearinghouse as this is the recommended service to use for Enrollment Certification. Refer to [www.wju.edu/registrar/verification](http://www.wju.edu/registrar/verification) or contact the Office of the Registrar with information presented below for any further questions.

Type of Verification(s) Requested		Comments/Special Instructions:
Number <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px auto;"></div>	<input type="checkbox"/> <b>Verified Enrollment History</b> <small>(Includes all enrollment at WJU)</small>  <input type="checkbox"/> <b>Letter of Enrollment</b> <small>(Includes only specified semester)</small>	
Delivery Method		
<input type="checkbox"/> <b>Standard Mail</b> (Send to the following address)		<input type="checkbox"/> <b>Electronic</b> (Send via email provided)
Release to Entity	Secured Email Address	
Address Line 1	<input type="checkbox"/> <b>Facsimile</b> (Send via fax)	
Address Line 2	Fax Number	
City	State	Zip

The Family Educational Rights to Privacy Act of 1974 (FERPA) prohibits the release of a student's confidential information to a third party without that student's written consent. However, enrollment information is considered general directory information and is shared through third party agencies. By signing this form you are requesting a specialized reporting of your enrollment information to the disclosed entity above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received Date	Office of the Registrar Use Only Business Office Clearance Date	Sent Date
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Wheeling Jesuit University  
 Office of the Registrar  
 316 Washington Ave., Wheeling, WV 26003  
 Phone: (304) 243-2238 | Fax: (304) 243-2349  
 Email: registrar@wju.edu