WHEELING UNIVERSITY

ENROLLMENT VERIFICATION REQUEST
Wheeling University

Name: _____ Student ID: _____
First Middle Last or Student ID#

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

Address: _____ DOB: _____
Street Address City State Zip 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. Refer to www.wheeling.edu/academics/registrars-office or contact the Office of the Registrar with information presented below for any further questions.

Type of Verification(s) Requested	Comments/Special Instructions:
Number ☐ ☐Verified Enrollment History (Includes all enrollment at Wheeling University) ☐Letter of Enrollment (Includes only specified semester)	

Delivery Method

☐Standard Mail (Send to the following address)	☐Electronic (Send via email provided)
Release to Entity	Secured Email Address
Address Line 1	☐Facsimile (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		Sent Date		

Wheeling University
Office of the Registrar
316 Washington Ave., Wheeling, WV 26003
Phone: (304) 243-2279 | Fax: (304) 243-2349
Email: registrar@wheeling.edu