

**Office of the Registrar**  
PO Box 179, Lincoln University, PA 19352  
(484) 365-8087 (484) 365-8116 Fax  
Lincoln Hall, 2<sup>nd</sup> Floor



<b>ENROLLMENT VERIFICATION</b>
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<b>Last Name</b>	<b>First Name</b>	<b>Initial</b>	<b>Student Id#</b>
<b>PHONE NUMBER:</b> _____			

**How do you want the verification sent?** \_\_\_\_\_ Mail \_\_\_\_\_ Fax

**If you have checked mail, please provide a mailing address.**

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have checked fax, please provide accurate fax number and person receiving fax.**

**Fax Number:** \_\_\_\_\_  
**Attention to:** \_\_\_\_\_

**I hereby authorize Lincoln University to provide the information indicated below to the designated agency/person:**

- \_\_\_\_\_ **Date of Attendance**
- \_\_\_\_\_ **Major**
- \_\_\_\_\_ **Current Registration**
- \_\_\_\_\_ **Degree to be awarded**
- \_\_\_\_\_ **Anticipated Graduation Date**
- \_\_\_\_\_ **Additional Information** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_