



**ENROLLMENT
VERIFICATION**

Revised 05/28/26 AM

Office of the Registrar
1570 Baltimore Pike
Lincoln University, PA 19352
484-365-8087:Phone

Last Name	First Name	Middle Initial	Student ID
<hr/>			
Phone Number: _____			

How do you want the verification sent?

Mail **Email** **Fax** **Office Pick-up**

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

Send to: _____

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

Fax number: _____

Attention to: _____

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

- Date of Attendance**
- Major**
- Current and Past Registration Status**
- Degree to be awarded**
- Anticipated Graduation Date**

Signature: _____ **Date:** _____