

Request for LETTER OF VERIFICATION

Student Name _____ Email _____

Student # _____ or SSN _____ Date _____

Type of Verification Needed:	For Semester(s):
<input type="checkbox"/> Pre-registration: <i>You've signed up for, but have not yet attended, classes.</i> (Confirm that the recipient will accept.)	
<input type="checkbox"/> Enrollment: <i>For the semester already in progress.</i>	
<input type="checkbox"/> Past Enrollment	From: _____ To: _____
<input type="checkbox"/> Expected Graduation Date	
<input type="checkbox"/> Degree Verification (<i>For graduates</i>)	Year of Graduation: _____
Signature is required for the following requests. _____	
<input type="checkbox"/> "Good Standing" (Academic Standing)	
<input type="checkbox"/> Other (<i>GPA , credit hours</i>)	

Hold letter for me to pick up.
 Mail/fax/email (add details below).

Additional data, such as fax #, name/ address, parent's name, group/policy number

Registrar's Office - Wheaton College - 501 College Ave - Wheaton IL 60187 - Ph. 630-752-5046 - Fax 630-752-5245
 This form may be faxed or e-mailed in PDF format to transcripts@wheaton.edu

Rev 10/14