



Verification Letter Request

Submit to Registrar's Office (registrar@easternct.edu) once completed

Name: _____ Eastern ID #: _____

If ID not known: Date of Birth _____ Last 4 digits of Social Security # _____

I am requesting an official Enrollment Verification Letter for the following status: (please check appropriate box(es)):

➤ Add anticipated Graduation Date: Yes No

Full Time Enrollment – For the following term (e.g. Fall 2019) _____

Part Time Enrollment – For the following term (e.g. Fall 2019) _____

Undergraduate Degree from Eastern Connecticut State University:
 Degree(s) Received _____

Graduate(s) Degree from Eastern Connecticut State University:
 Degree(s) Received: _____

Please choose one of the following and fill in the appropriate information:

Please mail my verification to: Myself School Individual/Agency

*** If requesting document to be emailed to yourself, please provide a current address. ***

Organization: _____

Attn: _____

Address: _____

E-Mail Verification (Name and e-mail address): _____

Fax Verification: Fax # _____ Attention to: _____

Extra forms included (if additional forms need to be completed, please allow 2-3 business days for processing)

Signature: _____ Date: _____

*** We do not accept electronic signatures, must be hand signed "wet signature" per University policy. ***

For Office Use only:

Processed by: _____ Date: _____
