



# ENROLLMENT VERIFICATION REQUEST

PLEASE ALLOW 2 BUSINESS DAYS FOR PROCESSING

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

If you need verification for this current session ONLY, please check this box

If you require verification for more than the current session, please indicate the session or timeframe for which you need verification below:

\_\_\_\_\_

\_\_\_\_\_

\*PLEASE NOTE: WE CANNOT VERIFY FUTURE ENROLLMENT IN ADVANCE\*

### PLEASE CHECK / COMPLETE APPLICABLE BOX(ES):

- CHECK THIS BOX IF YOU WILL PICK UP THIS ENROLLMENT VERIFICATION REQUEST AT THE REGISTRAR'S OFFICE**

OTHER IDENTIFYING INFORMATION: (POLICY #, POLICY HOLDER, PARENT NAME, ETC.)

\_\_\_\_\_

- CHECK THIS BOX IF THIS REQUEST HAS TO BE FAXED (PROVIDE FAX INFORMATION BELOW)**

FAX NUMBER: \_\_\_\_\_

ATTN. TO: \_\_\_\_\_

COMPANY (IF APPLICABLE): \_\_\_\_\_

OTHER IDENTIFYING INFORMATION: (POLICY #, POLICY HOLDER, PARENT NAME, ETC.)

\_\_\_\_\_

- CHECK THIS BOX IF THIS REQUEST HAS TO BE MAILED (PROVIDE MAILING INFORMATION BELOW)**

NAME: \_\_\_\_\_

C/O (IF APPLICABLE): \_\_\_\_\_

NUMBER & STREET: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

OTHER IDENTIFYING INFORMATION: (POLICY #, POLICY HOLDER, PARENT NAME, ETC.)

\_\_\_\_\_

STUDENT SIGNATURE\*: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*SIGNATURE REQUIRED TO RELEASE STUDENT INFORMATION**

*Registrar's Office Use Only (Rev. 6/2011)*

Date Received:

Date Processed:

Processed by:

CARS Contact entered:

*For file: completed form, letter, fax confirmation if applicable*

Registrar's Office: 10 Brookline Place West, 2<sup>nd</sup> Fl Brookline, MA 02445 Tel 617-582-4402 Fax 617-582-4519

Email: [NEIARegistrar@aii.edu](mailto:NEIARegistrar@aii.edu) Office hours Monday-Wednesday 8am-7pm; Thursday 8am-6pm; Friday 8am-5pm