

Enrollment Verification Request

College of Graduate & Continuing Education
Westfield State University

Name: _____ SSN or Student Number: _____

Street: _____ City: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

This letter should be an official:

1. _____ Statement of Matriculation into the _____ program.
2. _____ Statement of completion of _____ degree requirements.
3. _____ Statement of course registration for the _____ semester.*
*Enrollment verifications will not be processed until after add/drop is over.

This letter should be sent to:

This letter needs to be received by the above by _____.

Please sign below authorizing our release of the information requested above.

Student Signature

Date