VERIFICATION OF ENROLLMENT OR GOOD STANDING REQUEST

Full Legal Name: ________________________________  CMC ID Number: _______________________

Signature: ________________________________  Today’s Date: _______________________

This request is for:  __ FA  __ SP  __ SU  Year  Number of Copies Needed: _______________________

Circle One  Year  Date Needed By: _______________________

Delivery Options:  ____ Student Pick-up: _______________________

____ Send to Student Mailbox: _______________________

____ Fax to: _______________________

To the Attention of _______________________

____ Email to: _______________________

____ Mail to: _______________________

Purpose of Verification:  ____ Health Insurance

( ) Car Insurance

( ) Jury Duty  Juror Badge Number: _______________________

Summons Date: _______________________

Postponement Date: _______________________

____ Internship  Begin & End Dates: _______________________

____ Newly admitted student

____ Other: _______________________

Special Instructions:  ____ Include previous semester GPA

( ) Include cumulative GPA

____ Include credits completed

____ Complete and/or include attached form(s)

____ Include address while at CMC

____ Other: _______________________

______________________________

______________________________

Return this completed form to the Registrar’s Office
Tel: (909) 621-8101  Email: registrar@cmc.edu  Fax: (909) 607-6015

www.claremontmckenna.edu

Revised 10/2013