



## ENROLLMENT VERIFICATION REQUEST FORM (RO-05/25)

Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax 304-462-8619 [registrar@glenville.edu](mailto:registrar@glenville.edu)

By completing, signing and submitting this form, you are authorizing university officials to confirm your enrollment for up to one academic year. If you need verification of enrollment for more than one academic year, you will need to request a transcript.

Standard verifications reflect the following directory information: (1) student legal name; (2) total semester credit hours enrolled in for the requested semester(s); (3) total semester credits hours pre-registered for in an upcoming semester; (4) full or part-time status; (5) semester start and end dates. To include non-directory information, you may select one or more boxes in the appropriate section below. Your signature authorizes the Registrar's Office to include the chosen non-directory items in the verification document.

Student Name: \_\_\_\_\_ GSU ID# \_\_\_\_\_

Semester(s) needed: \_\_\_\_\_

☐ PICK UP: Day & Time: \_\_\_\_\_

☐ MAIL TO: \_\_\_\_\_

☐ EMAIL TO: \_\_\_\_\_

☐ FAX TO: \_\_\_\_\_ Attn: \_\_\_\_\_

Please include the following non-directory information:

☐ Overall GPA ☐ Social Security Number ☐ Expected Graduation Date  
List date: \_\_\_\_\_

☐ Other (please specify) \_\_\_\_\_

Student's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_