ENROLLMENT VERIFICATION REQUEST

NAME: ___________________________________________________________  
(Please Print) Last     First     Middle

CVID: ______________________________

SELECT THE INFORMATION TO BE VERIFIED FROM ITEMS BELOW:

✓ Enrollment status (includes status & dates for current semester)
☐ Pre-registration for ________________ semester (during registration only)
☐ In good standing
☐ GPA: ____ Term ____ Cumulative
☐ Date graduated and degree awarded
☐ Expected graduation date

I authorize Colorado School of Mines to release the information indicated above to the person(s) listed below:

___________________________________________ __________________
Student’s Signature      Date

Choose One:

☐ Student pick-up (Phone: ________________ E-Mail: ________________)

☐ Fax to: Name ____________________________ Fax# __________________

☐ Mail to: ________________________________________________

☐ Special instructions: ________________________________________________

OFFICE USE ONLY
Processed ________
Date ____________