

# ENROLLMENT VERIFICATION

Print Name as it appears on your official University Record.

Name (Last) (First) (Middle)		
Former Name(s)	UW Student # or SSN	Date of Birth
Daytime Phone Number ( )	Email Address	<b>FOR OFFICE USE ONLY</b>  Processed by:  Mail Date:  Pick-Up Date:
Current Street Address		
(City) (State) (Zip)		

Verify enrollment starting (check appropriate quarter):  Autumn  Winter  Spring  Summer

<b>MAIL ENROLLMENT VERIFICATION TO:</b> <input checked="" type="checkbox"/> Address listed above <input type="checkbox"/> Address listed below
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**X**

**Student Signature Required**

**Today's Date**

**Submit request to:** University of Washington Bothell, Attention: Enrollment Verification  
 Campus Box 358500, 18115 Campus Way NE, Bothell, WA 98011-8246