

# 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	
Current Street Address		<b>FOR OFFICE USE ONLY</b> Processed by:  Mail Date:  Pick-Up Date:
(City)	(State) _____ (Zip) _____	

Special Comments to Include:

- Anticipated graduation date: \_\_\_\_\_
- Invitation to commencement
- Other: \_\_\_\_\_

Method of Delivery:

- Pick up in office
- Mail to student address (listed above)
- Mail to other address (listed right)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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

Updated: 6/2019