

**LIVINGSTONE COLLEGE  
OFFICE OF THE REGISTRAR  
Salisbury, NC 28144**

**ENROLLMENT VERIFICATION REQUEST**

**Check box and indicate year for which verification is needed.**

<input type="checkbox"/> FALL	<input type="checkbox"/> SPRING	<input type="checkbox"/> SUMMER	<input type="checkbox"/> ACADEMIC YEAR
-------------------------------	---------------------------------	---------------------------------	--

<b>STUDENT'S NAME:</b>
<b>ID#</b>
<b>SSN:</b> (complete only if SSN should be included on verification)
<b>TELEPHONE:</b>

**ENROLLMENT VERIFICATION SHOULD BE:**

- MAILED:**  
(name and title of person or name of organization to receive verification):

<b>NAME:</b>	
<b>TITLE:</b>	
<b>ADDRESS:</b>	
<b>CITY:</b>	
<b>STATE:</b>	<b>ZIP CODE:</b>

- FAXED:**

<b>NAME:</b>
<b>TITLE:</b>
<b>FAX NUMBER:</b>

- PICKED UP**

<b>DATE NEEDED:</b>
---------------------

**STUDENT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

