

Date Requested: \_\_\_\_\_

Date Sent: \_\_\_\_\_

Initials: \_\_\_\_\_

## VERIFICATION REQUEST

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Date of Graduation (If Any): \_\_\_\_\_

**Please verify the following:**

- Current Enrollment\* \_\_\_\_\_ Semester
- Past Enrollment \_\_\_\_\_ Year \_\_\_\_\_ Semester
- Anticipated Graduation Date OR Completion of Requirements
- Other: Please provide a brief explanation of information to be included in letter.

\_\_\_\_\_  
\_\_\_\_\_

**\*PLEASE NOTE:** No Enrollment Verifications will be processed for future enrolled terms. If you need a transcript of your grades please use the Transcript Request Form available in the Academic Advising and Registration Office.

**Delivery Options:**

- Mail (Please send my verification to the following address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Fax (indicate to whom below) *Please note: CCS will only fax within continental US.*  
\_\_\_\_\_  
\_\_\_\_\_
- Email (indicate to whom below)  
\_\_\_\_\_
- Pick up

**Student Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Return this form to:*  
Academic Advising & Registration Office  
College for Creative Studies  
201 East Kirby Street, Detroit, MI 48202  
Phone: (313) 664-7672  
Fax: (313) 664-7649