

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:
aaro@collegeforcreativestudies.edu
OR
Academic Advising & Registration Office
College for Creative Studies
201 East Kirby Street, Detroit, MI 48202
Phone: (313) 664-7672
Fax: (313) 664-7649