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

Revised 12/04/14