



# ENROLLMENT VERIFICATION REQUEST

**Office of the Registrar**  
**Lincoln Hall, First Floor**  
**CPO 2168**  
**Berea, KY 40404**  
**859-985-3185**  
**859-985-3918 (fax)**  
**Registrar@berea.edu**

Use this form to request a letter verifying your enrollment at Berea College. Enrollment verifications may be used for insurance purposes, scholarships, good standing, etc. Please print legibly and return this form to the Office of the Registrar.

**Please print legibly**

Student Name \_\_\_\_\_ Student ID (B#) \_\_\_\_\_

Purpose of Request (Check all that apply)

- Insurance
  - With GPA
  - Without GPA
- Good Standing
- Scholarship that includes GPA
- Expected Graduation Date
- Other (please specify) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If you need more than one verification of enrollment, please complete a form for each.*

Delivery Method:

- I will pick up
- Mail to address listed below
- Fax to person listed below

Mailing Address: Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax to: Name \_\_\_\_\_

Fax number (required) \_\_\_\_\_