

Enrollment Verification/Letter of Good Standing Request Form

Office of the Registrar – Enrollment Verification

1858 West Grandview Boulevard, Erie, PA 16509

Phone: 814-866-6641 E-mail: erie-registrar@lecom.edu Fax: 814-866-8123

Instructions: Print legibly & carefully; fax or e-mail to Registrar, Jeremy Sivillo

Today's Date: _____ Date Verification is Needed: _____

Student Name & LECOM ID: _____

DOB: _____ Last 4 digits SS#: _____ Phone #: _____

Program of Study: _____ Class Year: _____

List complete address, including name, street, city and zip code where verification is to be addressed.

Note: No verifications will be addressed "To Whom it May Concern."

Attention: _____

Name of Organization/Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Indicate any additional information that is required on this verification (e.g., GPA, good standing, account reference, etc.) *Additional Information:*

If verification is to be picked up at LECOM, e-mailed, or faxed to address **different than above**, please indicate:

- Mail to information below E-mail to information below
 Fax to information below Pickup at LECOM Reception Desk

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax: _____ E-mail: _____

I authorize LECOM to release enrollment information per instructions above.

Signature

Date

Date Processed:

By:

Rev 5/2015 DD