



Registration and Records Enrollment Verification Request

One Alpha Drive
Elizabethtown, PA 17022
Phone: 717.361.1409
Fax: 717.361.1427

Date

Student Information:

Name Student ID
Email Address Phone/Cell Number
Campus Box

Enrollment Verification Request for the following Semester

Additional Information, if required

How do you wish the Enrollment Request to be processed?

Mail this request to the following address

Name
Address
City State Zip Code
Country

Fax the request to the following Number

Fax Number Attention -

Pick-up Request

Mail to my Campus Box Address Request Pick-up Date