

**UNIVERSITY of  
INDIANAPOLIS.**

**Verification of Enrollment Request**

Office of the Registrar • Attn: Verifications  
1400 E. Hanna Avenue • Indianapolis, IN 46227  
(317) 788-3219 • Fax: (317) 788-3254

Term \_\_\_\_\_

**NAME** \_\_\_\_\_  
(Last) (First)

**STUDENT ID NUMBER** \_\_\_\_\_ **TELEPHONE** \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_  
(Required before verification can be released)

**Mail/FAX Information:**

**Name/Company** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
Number and Street City State Zip

**FAX number** (for fax requests only) \_\_\_\_\_

Office Use Only Initials _____ Date _____
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**Will pick up on** \_\_\_\_\_