MarymountManhattan

ENROLLMENT/DEGREE VERIFICATION REQUEST

Student Name:_____ ____ _____
(First name) (Mi) (Last name)

Student ID No. _____ Date of Birth: _____

I authorize Marymount Manhattan College to release the following information to the address below:

Current Students	Graduate/Alumnus
☐ Current Enrollment Status for the current term	☐ Graduation Date
☐ Enrollment status for next term (Pre-registration Verification)	☐ Degree
☐ Dates of Attendance with Enrollment Status (Past Semesters)	☐ Dates of Attendance
☐ Other information (e.g. Major, Class Level, Expected Graduation Date)	

Please specify:_____

Send Enrollment/Graduation Verification to the following:

Name Institution/Company/Other:_____

E-Mail Address: _____

Student Signature:_____ Date:_____

Return this form to: registrar@mmm.edu

For Office Use:
Processed by: _____ Date: _____

Revised 08/09/2023