



**CARDINAL STRITCH
UNIVERSITY**

**Office of the Registrar
VERIFICATION LETTER REQUEST**

NAME _____ PHONE _____

STRITCH ID # (if known) _____ SSN (last 4 digits) _____

PLEASE CIRCLE ONE: • Undergraduate • Graduate • Doctoral

PLEASE INDICATE THE INFORMATION TO BE INCLUDED IN THE LETTER:

- Currently Enrolled
- Social Security Number Required
- Dates of enrollment
- Dependent of _____ (please provide name)
- Previously Enrolled _____ (please provide approximate dates)
- Other _____
- Full/Half time status
- Degree Earned
- No longer attending
- Attach Current Schedule
- Include Unofficial Transcript
- School Seal
- Estimated graduation date

LETTER SALUTATION SHOULD READ: DEAR _____

INDICATE METHOD OF LETTER DELIVERY:

_____ Pick Up

_____ Emailed to: _____

_____ Mailed to:
Attention of _____

Name of establishment _____

Street address _____

City/State/Zip _____

_____ Faxed to: _____

Cardinal Stritch University has my permission to send verification of enrollment providing the information requested to the person(s)/business indicated above. My signature below indicates that I have supplied all of the required information requested and that all of the information I have given on this form is complete and accurate.

SIGNATURE _____ DATE _____

Please submit form using one of these three methods:
Mailing to: **Office of the Registrar, Cardinal Stritch University, 6801 N Yates Rd #523, Milwaukee WI 53217;**
Emailing as a scanned attachment to: registrar@stritch.edu;
Faxing to: 414-410-4099.