



CARDINAL STRITCH UNIVERSITY

Office of the Registrar
VERIFICATION LETTER REQUEST

(Letters will be processed between 2 to 4 business days.)

NAME PHONE

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

PLEASE INDICATE ONE: Undergraduate Graduate Doctoral

PLEASE SPECIFY THE INFORMATION TO BE INCLUDED IN THE LETTER:

Currently Enrolled for Year and Semester Dates of enrollment No longer attending

Previously Enrolled (please provide approximate dates)

Full/Half time status Estimated graduation date Degree Earned

Social Security Number (last 4 digits)

Include: Unofficial Transcript Current Schedule

Other

LETTER SALUTATION SHOULD READ: DEAR

INDICATE METHOD OF LETTER DELIVERY:

Pick-up

Email to:

Fax to:

Mailed to:

Attention of

Name of establishment

Street address

City/State/Zip

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:

Emailing as a scanned attachment to: registrar@stritch.edu;

Faxing to: 414-410-4099;

Mailing to: Office of the Registrar, Cardinal Stritch University, 6801 N Yates Rd #523, Milwaukee WI 53217.