

Maryville College

Office of the Registrar

Enrollment Verification Letter Request

Please print clearly

Student Name: _____

Student ID# or SS#: _____ Date of Birth: _____

Phone: _____ Email Address: _____

Mail verification letter to:

Name(s): _____

Address: _____

Or FAX verification letter to the attention of: _____

Fax number: _____

Signature: _____ Date: _____

All requests require an original signature of the student. Requests without a signature will NOT be processed.

Return your completed request in person, by mail, or by fax, to:

Maryville College
Office of the Registrar
502 E. Lamar Alexander Pkwy.
Maryville, TN 37804-5907
FAX: 865-273-8881

For Office Use Only

Date Processed: _____

Initials: _____