



Enrollment Verification Request Form

Student Information (All fields are required)

First Name		Middle Name/Initial		Last Name		Former Name(s)	
Student ID Number or Date of Birth			Email Address			Phone Number	
Current Street Address			City			State	Zip Code
Dates Attended			Major/Degree Received			Year of Graduation	
Campus	Boston	Worcester	Manchester	Online	Newton	Other	
If Current Student		Hold for Current Grade?		Hold for Graduation?			

Enrollment Verification Recipient Information

Please specify recipient information below. Note: Official enrollment verifications must remain in a sealed envelope or come from registraroffice@mcphs.edu. Additional addresses can be attached or written on the back of this form.

<input type="checkbox"/>	Check this box if a form or document is to be sent with your enrollment verification. Please attach form or document to this request.
--------------------------	---

Recipient Name(s) & Mailing Address(es)		Number of Copies
Email Address		
Fax Number		

Student Signature (Required)

Transcript requests must include a handwritten signature.

Signature		Date	
-----------	--	------	--

Please return this form to the Registrar's Office via mail, fax, or email:

Boston: MCPHS University, Registrar's Office, 179 Longwood Avenue, Boston, MA 02115

Fax: 617-735-1050

Email: Registraroffice@mcphs.edu