



MCPHS University
Registrar's Office

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 (circle one)	Boston		Manchester		Newton	Online		Worcester	Other
Current Student? (circle one)		Yes or No		Hold for graduation? (circle one)			Yes or No		

Enrollment Verification Recipient Information

Please specify recipient information below.

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

Mailing Address		Number of copies
Email Address		
Fax Number		

Student Signature (Required)

Enrollment verification 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

Worcester: MCPHS University, Registrar's Office, 19 Foster Street, Worcester, MA 01608

Fax: 617-735-1050

Email: Registraroffice@mcphs.edu