



**ENROLLMENT VERIFICATION REQUEST**

\_\_\_\_\_  
Name (Printed) Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

Rowan ID: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Reason for Verification: \_\_\_\_\_

To whom should this business communication be addressed? (Do not list yourself.)

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Institution/Agency/Department etc.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

Delivery method

- US Mail (to address listed above)
- E-mail to \_\_\_\_\_
- Fax to \_\_\_\_\_
- Pick-Up

Send completed form to: Rowan-Virtua SOM Office of the Registrar  
Phone (856) 566-7055  
E-mail [somregistrar@rowan.edu](mailto:somregistrar@rowan.edu)  
Fax (856) 566-6475

**PLEASE ALLOW UP TO FIVE BUSINESS DAYS FOR PROCESSING**