

MACALESTER COLLEGE

REGISTRAR'S OFFICE

1600 Grand Avenue, St. Paul, MN 55105-1899
email: registrar@macalester.edu fax: 651-696-6600 ph: 651-696-6200
www.macalester.edu/registrar

Request and Authorization for Enrollment Verification

INSTRUCTIONS: Please print clearly. Your written signature is required in order to process this request. We can accept a scan/photo of your written signature via email or you may bring your completed form to the Registrar's Office.

Student Name (Last, First, Middle)

ID#

This is needed for:

- Health Insurance
- Auto Insurance
- Scholarship
- Loan/loan Deferment
- Government
- Other: _____

I hereby authorize the release of my academic information.

X _____ (Student Signature)

Please check as appropriate:

- Complete and sign the form I have attached
- Verify full-time enrollment for the current term
- Verify my expected graduation date
- Verify other information as specified below

Please check routing instructions:

- E-mail attachment to name/e-mail address below
- I will pick up
- Send to my SPO
- Mail to the address indicated on the form I have attached
- Mail in the envelope I have provided
- Mail or fax to name/address/number below

Office Use Only:

Date Received

Date Completed