

# Saint Martin's University

## Enrollment Verification Request

Date: \_\_\_\_\_ SMU ID or Social Security No.: \_\_\_\_\_

Name: \_\_\_\_\_

Term(s) to verify:  Fall  Spring 20\_\_\_\_ Expected graduation: \_\_\_\_\_

Hold for pickup

Mail or fax

(if by mail or fax, use the space below)

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Signature: \_\_\_\_\_

**Please Note:** Requests are processed one to two days before being mailed or ready for pickup.