



## STUDENT ENROLLMENT VERIFICATION

**Please Check One:**

Mail to Address Specified Below       FAX

Pick-Up

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I hereby authorize the Institute of American Indian Arts to release information contained on this form to the following:

Organization \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FAX # (if requested to FAX) ( \_\_\_\_\_ ) \_\_\_\_\_

Dates I wish to verify: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Semester \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

| OFFICIAL VERIFICATION OF ENROLLMENT  |             |              |          |       |
|--|-------------|--------------|----------|-------|
| According to our official records, the above named student attended IAIA as follows: |             |              |          |       |
| From   | To          | Credit Hours | Semester | FT/PT |
| ___/___/___  | ___/___/___ | _____        | _____    | _____ |
| ___/___/___  | ___/___/___ | _____        | _____    | _____ |
| ___/___/___  | ___/___/___ | _____        | _____    | _____ |
| ___/___/___  | ___/___/___ | _____        | _____    | _____ |
| Authorized Signature _____   |             |              |          |       |
| Title _____  |             |              |          |       |
| Date _____   |             |              |          |       |

For more information, please contact the Registrar's Office at 505-428-5954.