Marietta College

ENROLLMENT VERIFICATION REQUEST

Return to:
Records Office
Marietta College
215 5th Street
Marietta, OH 45750

Student Name _____

ID or SS Number _____

Daytime Phone _____

Email Address _____

Verification of (check all that apply):

☐ Current Enrollment Status ☐ Check to include SSN
☐ Enrollment History ☐ Check to include embossed seal
☐ Cumulative GPA
☐ Major(s)
☐ Degree and Date (Check to hold for conferral ☐)
☐ Advanced Approval of Transfer Credit
☐ Other _____

Please include (i.e. policyholder, account #, etc.):_____

_____ _____
Student Signature **Date**

Please check one:
☐ Pick-up (allow 2 business days for processing)
☐ Fax to: (Letters requiring an embossed seal cannot be faxed)
          ( )_____-_____
☐ Mail to:

_____

_____

_____

☐ E-mail to: (Letters requiring an embossed seal cannot be e-mailed)

_____

For Office Use: Date processed _____ by _____