

WAYNE STATE UNIVERSITY LAW SCHOOL
ENROLLMENT VERIFICATION REQUEST

Student ID/Access Id/Last Four SSN: _____

Student Name: _____

Previous Names: _____

Birth Date: _____

Daytime Phone: _____

Anticipated Graduation Date (mm/yyyy): _____

Please specify the service you are requesting: _____ Enrollment Verification _____ Degree Certification

Please specify which term: Fall _____ Winter _____ Summer _____

If you are requesting enrollment verification or loan deferment forms for future terms, the forms will not be processed until the first official day of classes for that term.

Please specify pick-up or mailing preference (allow 1-3 business days):

Pick up in person _____ Email: _____

Fax Number and Contact Name: _____

Address for Mailing: _____

Student Signature: _____

Date: _____

Your signature on this form authorizes the release of your enrollment/degree history as well as our ability to communicate with you about this request via e-mail or phone. Forms without signatures will not be processed. Students are responsible for providing accurate address information for recipients.

Please return this form to:
Wayne State University Law School
Records and Registration Office
471 West Palmer, Room 1223
Fax: (313) 577-9800 Phone: (313) 577-3979
Email: lawrecords@wayne.edu