



ENROLLMENT VERIFICATION REQUEST FORM

Complete, print, sign and submit the form by one of the following methods: Fax (470) 578-9097; mail: Office of the Registrar, 585 Cobb Avenue, MD 0116, ATTN: Enrollment Verification, Kennesaw, GA 30144-5591; scan and email form to registrar@kennesaw.edu; or bring the form to: **Kennesaw Campus** – Front Counter or **Marietta Campus** - Building B, M-F, 8 am to 5 pm.

NAME _____ KSU ID # _____
Other names used while enrolled _____
Phone Number _____ Email Address _____@students.kennesaw.edu

Number of Copies _____ TERM TO BE VERIFIED _____

This verification is needed for: HEALTH INSURANCE CAR INSURANCE MILITARY SCHOLARSHIP
LOAN Loan Number JURY DUTY Juror Number

NON-ATTENDANCE

Enrollment information will be available once the term has started. Requests for an upcoming term will be held and processed after the end of drop/add for the term.

FORM TO BE:

Mailed to: NAME _____

ADDRESS _____

Faxed to: NAME _____

Fax Number _____

**Faxed Requests
incur a \$10 charge to
your student account**

Picked up in person
by student

Campus _____

Please allow 3-5 business days for processing.

Student Signature _____

Current Date _____