



## Enrollment Verification Request

Registrar's Office: ph. 303-762-6995, 6399 S. Santa Fe Dr. Littleton, CO. 80120, [registrar@denverseminary.edu](mailto:registrar@denverseminary.edu), FAX: 303-783-3122

Today's Date: \_\_\_\_\_

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

ID#: \_\_\_\_\_

The letter should contain the following information:

- Full-time student
- Number credit hours taking
- Good standing
- Degree and major
- Current address
- Parent's information (only if under parents' insurance policy)
- Other (Please specify)

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Please send letter to:

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Student's Authorizing Signature (**Required**)