

LANCASTER GENERAL COLLEGE OF NURSING AND HEALTH SCIENCES

REQUEST FOR STUDENT VERIFICATION

Any missing information will delay in the processing of student verification
Complete form and return to Registrar's Office
Faxed, scanned and emailed requests will not be accepted
Student verifications are processed on Tuesdays and Thursdays

Student's Printed Name

Date

Student's Signature

I request a letter confirming my enrollment in the Lancaster General College of Nursing and Health Sciences for:

insurance

name of insurance company

insurance ID #

scholarship

name of organization

loan

name of loan company

loan/account #

I would like my letter:

faxed

fax # _____

attn to _____

mailed

address _____

FOR OFFICE USE ONLY

NUMBER OF CREDITS TAKEN _____

PROGRAM OF STUDY _____ GRADUATION DATE _____

DATE COMPLETED _____ COMPLETED BY _____