



Registrar's Office
3333 Harbor Boulevard, Costa Mesa, CA 92626
Email: registrar@law.whittier.edu
Phone: (714) 444-4141, ext. 284

ENROLLMENT VERIFICATION REQUEST

Name: _____ Student ID Number: _____

Email Address: _____ Phone Number: _____

I am requesting verification of the following term: Fall _____ Spring _____ Summer _____

- I will pick up my enrollment verification (please allow three to five business days)
- Please scan and send a .PDF copy to my email address (see above)
- Please send to the following address:

Enrollment Verifications will include the following information:

- Enrollment status (full time or part time)
- Dates of enrollment
- Enrollment History (each term you have been enrolled)
- Degree awarded (if applicable)

Optional information to include:

- Class Rank Yes No
- Letter of Academic Standing Yes No

I certify that this form has been completed with accurate information to the best of my knowledge. I also certify that I have carefully read and understand the statements I have initialed.

Signature

Date