



BENEDICT COLLEGE
Office of the Registrar/Student Records
ENROLLMENT VERIFICATION REQUEST FORM
(Please Print Clearly and Check only One)

Current Term Complete History

Name <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	Classification
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Major	Expected Date of Graduation
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<input type="checkbox"/> Mail	Mailing Address:	
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<input type="checkbox"/> Fax	Fax Number:	
	Attention:	

Check All That Apply

Pick Up Check here if there is an Attachment Foreign Student

Reason for Request:

Student Signature	Date
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Registrar White Copy

Student Yellow

R: OSR/1-06-06

Please allow 3 to 5 Business Days for processing.