BUENA VISTA
UNIVERSITY

Request for Enrollment Verification*

Use this form only when the party requesting verification does NOT have a verification form

Deferment, Insurance, and Lender enrollment verification forms should be sent to the Registrar's Office at the address noted at the bottom of this page.

Student Name: _____
First Middle Last

Student ID#: _____ Student Email: _____ BVU Location: _____

Please check the reason your enrollment information is being requested:

☐ Child Care ☐ Insurance ☐ Military ☐ Reimbursement

☐ Scholarship ☐ Unemployment

Please select: SL Campus semester: ◯ **Fall** ◯ **Interim** ◯ **Spring**

GPS Term: ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6**

Send Verification to one of the following: (Please provide complete mailing address or fax number or email address. Please be sure to indicate the name of the party receiving the verification.)

Special instructions: _____

_____

Signature: _____
Signature REQUIRED*

*In accordance with the Federal Family Educational Rights and Privacy Act (FERPA), a student's educational records cannot be disclosed without prior written consent of the student. Requests submitted without a signature cannot be processed.

Return completed form to the Registrar's Office
BVU, Office of the Registrar, 610 W. Fourth Street, Campus Box 2009, Storm Lake, IA 50588
regoffice@bvu.edu • 712.749.2233 • Fax: 712.749.1466

Rev. 09/13