

*If submitting this form from off-campus, please follow these instructions:*

- 1. Complete all necessary fields in the form and save the PDF on your computer.*
- 2. Forward the form to the Registrar's Office ([registrar@lvc.edu](mailto:registrar@lvc.edu)).*
- 3. Please allow 1 week for processing.*

## VERIFICATION OF ENROLLMENT/ACADEMIC STATUS

### PERSONAL INFORMATION

Student ID: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First Middle

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

### PURPOSE OF REQUEST

I am requesting a:

- Verification of my enrollment at LVC (this includes full-time/part-time status)
- Verification of the completion of my degree at LVC
- Verification of my teacher certification candidacy status:
  - Verify my teacher certification candidacy status as it stands now
  - Hold verification until all requirements are complete
  - Hold verification until the recommendation for certification has been submitted to the Pennsylvania Department of Education
  - Verification of ESL Program Specialist completion
- Verification of other academic information: \_\_\_\_\_  
\_\_\_\_\_

**Note:** If you have been provided with a form from an organization requesting the verification, please attach and include an envelope, if provided.

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### PROCESSING INFORMATION

- Please mail my verification to the following address:  
\_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_
- Please fax or email my verification to: \_\_\_\_\_
- I wish to pick up my verification. Please contact me when it is ready.

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### SIGNATURE (REQUIRED TO PROCESS THIS REQUEST)

I authorize the release of my institutional records as directed above:

\_\_\_\_\_  
Signature (Must be signed by the record holder)

\_\_\_\_\_  
Date