

Earlham College

Enrollment Verification Request Form

Please note:

- If you are in need of verification for good student status, most insurance companies have their own forms.
- This request cannot be honored without all of the requested information and signature.
- Print or type the completed form, then fax to 765/983-1374 or mail to Carol Goss, Student Data Manager, Registrar's Office, Drawer 34, Earlham College, 801 National Road West, Richmond, IN 47374-4095.

Student's Name _____

Earlham ID # _____

Drawer # _____ Date of Birth _____

Address to send enrollment verification:

Name _____

Address _____

City, State, Zip _____

Subscriber/Member Name _____

Policy # _____

Group Name _____

Person requesting enrollment verification:

Name _____

Relationship to student _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Signature _____ Date _____