Carroll University Certification of Enrollment

(Complete form in ink)

Name (Print) Last	First	Middle
Prior Name	Student ID Number	
Current Permanent Address: Street and Number	City	State ZIP
Phone: Area Code Number	Date of Birth	
Currently attending? Yes No No If no, last date of	attendance:	
☐ Pick Up (completed orders will be held of Photo ID required for pick up		e to pick up orders
☐ Mail to: (Student is responsible for comp	olete, legible and accurate add	ress)
The Registrar's Office may release the following i	nformation:	
☐ Certification of enrollment from (date) _	to _	
Other (specify)		
Student's Signature	Date	