

# VERIFICATION OF ENROLLMENT

OFFICE OF THE REGISTRAR  
DELAWARE STATE UNIVERSITY  
1200 N. DuPont Highway  
Dover, DE 19901  
Telephone: 302-857-6375/Fax: 302-857-6379

**REQUEST WILL BE HONORED WITHIN 3-5 BUSINESS DAYS.  
HOWEVER, DURING BUSY PERIODS, SUCH AS REGISTRATION, PRE-  
REGISTRATION, FINAL EXAMINATIONS AND COMMENCEMENTS ADDITIONAL  
TIME WILL BE NEEDED. We appreciate your patience.**

NAME \_\_\_\_\_

ID# D10 \_\_\_\_\_ or SSN \_\_\_\_\_

CURRENTLY ENROLLED \_\_\_\_\_ YES \_\_\_\_\_ NO

PICK-UP

FAX  FAX # \_\_\_\_\_

MAIL INFORMATION TO: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_