

Clark University - Registrar's Office  
950 Main Street, Worcester, MA 01610  
ENROLLMENT VERIFICATION FORM

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STUDENT NAME \_\_\_\_\_

CLARK ID# \_\_\_\_\_

ANTICIPATED DATE OF GRADUATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_

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**PLEASE INDICATE SEMESTER(S) TO VERIFY:** \_\_\_\_\_

(We are only authorized to verify for **present, prior, or "pre-registered for the next semester"** attendance.)

*This form may be printed and sent to the Registrar's Office or faxed to 508-793-7548. We will also accept email requests for verification at the following address:*  
[registrar@clarku.edu](mailto:registrar@clarku.edu).

**\*\*Address to be sent to:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**OR**

**FAX letter to:** NAME: \_\_\_\_\_

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

**OR**

**Check here to hold letter for pick up:** \_\_\_\_\_

**\*\*IMPORTANT:** If we are mailing directly to an insurance company, you must indicate the SUBSCRIBER'S NAME & ID#:

SUBSCRIBER NAME: \_\_\_\_\_

SUBSCRIBER ID #: \_\_\_\_\_

Please allow two business days to process request