

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

STUDENT NAME _____

CLARK ID# _____

ANTICIPATED DATE OF GRADUATION _____

SIGNATURE _____

DAYTIME PHONE NUMBER _____

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.

****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