

# Alaska Pacific University

## Request for Enrollment Verification

Date:

Where to Send Verification (Address):

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Name of Student: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Please Provide Verification of ....(check all that apply):

Full-time Status \_\_\_\_\_

Half-time Status \_\_\_\_\_

Current Semester \_\_\_\_\_

\_\_\_\_\_ Semester \_\_\_\_\_

Entire Enrollment here at Alaska Pacific University \_\_\_\_\_

Detailed list of currently enrolled classes and number of credits \_\_\_\_\_

Other Request: \_\_\_\_\_

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Signature of Student

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Phone 907-564-8210 • Fax 907-563-9640