



North Brunswick Campus
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 www.devry.edu

Please allow 7 Business Days for processing
Please complete *all* fields to expedite processing
ENROLLMENT VERIFICATION REQUEST

1. Please **PRINT ALL** information legibly

Student Name: _____ D#: _____

S.S. # _____ Date Requested: _____

Current Status: _____ Active _____ Inactive _____ Graduate: _____

Program of Study: _____

VERIFICATION REQUESTED FOR THE FOLLOWING SCHOOL TERM:

Spring: _____ Summer: _____ Fall: _____

PLEASE CIRCLE ONE OF THE FOLLOWING OPTIONS:

1. STUDENT WILL PICK-UP IN STUDENT CENTRAL – please fill out address
2. MAIL TO STUDENT - please fill out address

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

Please note: The current address that is on file with DeVry will be the address listed on the Enrollment Verification.

PERMANENT ADDRESS:

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP CODE _____

STUDENT'S SIGNATURE _____