

# LINFIELD COLLEGE

## Office of the Registrar

900 SE Baker St A446; McMinnville, OR 97128  
Telephone: 503/883-2211; Fax: 503/883-2663

### Student Enrollment Verification Request

Date: \_\_\_\_\_

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

Linfield ID No.: \_\_\_\_\_ Linfield Unit No.: \_\_\_\_\_

- Please send as soon as possible*  
 *Please send when I am registered for the following term:*       Year \_\_\_\_\_  
 *Fall Semester*       *January Term*       *Spring Semester*       *Summer Term*

**NOTE:** New freshman and transfer students are considered enrolled on the first day of class each term. We do not verify their enrollment before that date.

Student Signature: \_\_\_\_\_  
*I authorize the release of my social security number as my student identification*

#### ***Insurance Purposes:***

Insurance Name/Policy No.: \_\_\_\_\_

#### ***Scholarship Purposes:***

Name of Scholarship: \_\_\_\_\_

#### ***Scholarship funds to be forwarded to:***

Office of Financial Aid  
Linfield College  
900 SE Baker St.  
McMinnville, OR 97128

Please forward this enrollment information to:

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

<p><i>Office Use Only:</i></p> <p><b>AMOUNT PAID:</b> _____</p> <p><b>APPROVAL:</b> _____</p> <p><b>REG DATE SENT:</b> _____</p> <p><b>REG CLERK (S):</b> _____</p>
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Please **fax** this enrollment information to this fax number: \_\_\_\_\_

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***Faxing fee must be included with request:***      \$2.00 for each domestic fax; \$3.00 for each international fax

Visa       Master Card       Check       Cash       Amt Enclosed \$ \_\_\_\_\_

Card No.: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_