



Soka University of America  
Office of the Registrar

## VERIFICATION OF ENROLLMENT

**This document can be processed for currently enrolled students. Graduated students or students who are no longer attending SUA, must request for the Official Transcript.**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

**Upon completing this form, an official document showing proof of enrollment will be prepared. Please check appropriate boxes below:**

I am requesting a Verification of Enrollment to be processed as follows:

I will pick up (3 to 5 days).

Please send to my box. Box #: \_\_\_\_\_

Please Fax it to:

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

Company (if applicable): \_\_\_\_\_

Fax Number: \_\_\_\_\_

Please Mail it to the following address:

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

I would like to request a degree completion statement to be included with my request.

(Seniors in last semester only)

I would like to include GPA information (ie: good student verification for insurance, etc.)

I would like to request Academic Standing Status for summer school purposes.

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

**(Digital signature is not accepted.)**