



Registrar's Office
Lehr Building, Room 101
ENROLLMENT VERIFICATION

Phone (419) 772-2024
email: registrar@onu.edu

(requires at least 48 hours for processing)

Enrollment verifications contain the student's Social Security Number, therefore federal law (FERPA) requires the student's written signature.

Date: _____

Check box, if picking up ☐

Term request is for – Check appropriately: ☐ Fall ☐ Spring ☐ Summer

ONU ID NUMBER (required): _____

NAME (Printed): _____

College of Enrollment (Check one):

☐ Arts & Sciences ☐ Business ☐ Engineering ☐ Pharmacy ☐ Law

ADDRESS SENT TO:

Name of Company _____

Individual's Name _____

Street Address _____

City, State, Zipcode _____

OR FAX TO:

Fax Number _____

Please provide parent's name and id# below only if needed by requesting party.

Parent Name: _____ **Parent ID#:** _____

Co-op Student: ☐ Yes ☐ No

INFORMATION TO BE INCLUDED IN LETTER: (check all items needed)

☐ Full-time Hours ☐ Accumulative G.P.A.

☐ Academic Standing ☐ Last Term G.P.A.

☐ Other (please list): _____

Please state reason information is needed (i.e. car insurance, health insurance, etc.):

STUDENT SIGNATURE (required): _____

**Please complete this form and press Print Form button to print it out.
Then sign it and deliver it to the Registrar's office.**