ENROLLMENT SERVICES ENROLLMENT VERIFICATION REQUEST

greenriver.edu/enrollment • (253) 833-9111 Ext. 2500 • 12401 SE 320th St., Auburn, WA 98092 enrollmentservices@greenriver.edu • fax (253) 288-3454

Quarter and year to	be verifi <u>ed:</u>			
SID:	Phone:			
Student'sname:		First		
Last		First		M.I.
Signature:		Date:		
INSTRUCTION	S			
	-	cessed beginning the first daylud uarters will be processed beginn		
		d by the college, be sure your poor the required information and v		pec ted.
If you are not provid General requiremen	• • • •	provideficient information for pro your information:	per verification.	
	ood Student Discou ading period G F A3.0	mtCurrently enrolled fu ti me (12+c)+ tcqualify.	credits)	
Health/Dental Ins	suranecCurrently en	rolled futime (12+ credits)		
Employment Sec.	urityWill be mailed	or available after 2 p.m. the nex	t business day	
Deferment-Proce	ssed by National S	Student Clearinghouse		
Scholarships-Cui	rrently enrolled futir	ne (12+ crediit), GPAmay vary pe	scholarship	
• Other-Describe:				
	THOD			
DELIVERY MET				
		eceive your verification.o@elect		
Will pick up on:				
Mail to:				
Address				
City		State	Zip	
	Plea	se allow 2 business days for pro	ocessing	
OFFICE USE ONLY	Date:	Processed by:		