

Adler University  
Attention: Office of the Registrar  
17 North Dearborn St, Chicago, IL 60602-4310

**ENROLLMENT AND DEGREE VERIFICATION -- CHICAGO AND ONLINE CAMPUSES**

**\*\*\*FOR STUDENT USE ONLY\*\*\***

**\* PLEASE PRINT LEGIBLY AND COMPLETE THE ENTIRE FORM \* INCOMPLETE FORMS WILL BE RETURNED \***

**SECTION 1: PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Previous Names During Attendance: \_\_\_\_\_  
Last 4 OF SSN# or Student ID: \_\_\_\_\_ Program: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Dates of Attendance: \_\_\_\_\_ Degree: \_\_\_\_\_  
Anticipated Graduation Date (if applicable): \_\_\_\_\_ Graduation Date (if applicable): \_\_\_\_\_

**SECTION 2: CHECK ALL THAT APPLY TO YOUR REQUEST**

Post-Doc Transcript Request  
Unofficial Transcript Request (for students without access to Student Planner)  
Verification of Enrollment  
Verification of Good Standing (note: students on Academic Probation are not in good standing)

**Verification of Degree (please send your request after you receive email notification your degree has been conferred). NOTE: requests for verification of a degree are only sent directly to the student; third parties wishing to verify a student's degree, must submit their request to the National Student Clearinghouse at [www.degreeverify.org](http://www.degreeverify.org)).**

Verification of GPA  
Verification of Status (Full-time/Part-time)  
Fill out the form(s) attached  
Special Instructions: \_\_\_\_\_

**Section 3: DELIVERY INFORMATION**

Email the requested document to: \_\_\_\_\_  
Fax the requested document to: \_\_\_\_\_  
Student Pick-up (Office of the Registrar, Chicago - 15th Floor) when the document requested is ready.  
Please send \_\_\_\_\_ copies of the document requested to the address below:  
Name/Company: \_\_\_\_\_  
MailingAddress: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SECTION 4: NOTIFICATION INFORMATION**

Please provide an e-mail so that we may notify you when your request is received and when your request has been processed: \_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*My signature signifies I am the student/alum making this request and the University reserves the right to request additional information to verify my identity.*  
**\*Electronic or typed signatures are accepted for this form ONLY when sent through your Adler e-mail account.**

**IMPORTANT:** Please allow up to 15 business days (M – F) for processing. If you have questions regarding the status of your request, please email our office at [registrar@adler.edu](mailto:registrar@adler.edu). Requests that are not picked up within 15 business days of notification will be mailed to the address you provided at the top of this form.

<b>OFFICE USE ONLY:</b>	<input type="checkbox"/> Current Student	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Alumnus
Registrar Rep Initials and Date Received:	Registrar Rep Initials and Date Processed:		