ENROLLMENT VERIFICATION REQUEST FORM

Student Information:

Please print (include all information and sign at bottom)

Last, First, Middle

Lesley Student ID or Social Security #

Date of Birth

Telephone (mobile or home) Telephone (work) Email

Send enrollment verification to (check all that apply, and specify address, if mailing):

☐ Mail to:

Name

Organization

Street/Box #

City State Zip

☐ Sallie Mae

☐ Xpress Loans

☐ NELNET

☐ SC Student Loans

☐ AES (Harrisburg, PA)

☐ ACS

☐ VSAC (VT)

☐ Wells-Fargo

☐ CFS

☐ Great Lakes (MN)

☐ Other (name and fax number, please)

Name

Fax

Comments

Signature

Student’s Signature (required for all types of request/payment) Date

Office of the University Registrar
Mail: 29 Everett Street
Cambridge, MA 02138-2790

Fax: 617.349.8717

Contact: solutioncenter.lesley.edu