

**BRYN MAWR COLLEGE**

101 NORTH MERION AVE.  
BRYN MAWR, PA 19010

**VERIFICATION OF ENROLLMENT REQUEST**

**PLEASE PRINT CLEARLY**

**THERE IS NO FEE FOR AN ENROLLMENT VERIFICATION**

STUDENT ID NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MAIDEN/PREVIOUS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

**PLEASE INDICATE TERM OR TIME PERIOD TO BE VERIFIED.**

**FALL** \_\_\_\_\_  
(year)

**SPRING** \_\_\_\_\_  
(year)

UNDERGRADUATE \_\_\_\_\_ GRADUATE \_\_\_\_\_ OTHER \_\_\_\_\_

FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

Please mail verification to: (Print plainly, for window envelope)

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