

CARSON-NEWMAN UNIVERSITY
REQUEST FOR ENROLLMENT VERIFICATION

Name of Student _____ ID# _____

Anticipated graduation date ____/____

SSN ____ - ____ - ____ Phone _____

Please mail or fax to:

Name of Organization where verification will be sent:

Fax or Address where verification will be sent:

Pick up

Signature of Student _____ Date _____

Fax request to: Office of the Registrar at 865-471-2013

OR

Mail request to: CNU

Office of the Registrar
1646 Russell Ave
Jefferson City, TN 37760

Completed by _____

Date _____