

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	verified:			
SID:		Phone:		
Student's name:		First	M.I.	
Signature:			Date:	
INSTRUCTION	S			
	•	sed beginning the first day of the quarter. Officiers will be processed beginning the first day of		
		by the college , be sure your portion of the formation and will delay process	•	
If you are not providi General requirements		ovide sufficient information for proper verificati r information:	on.	
	ood Student Discoun ing period GPA of 3.	t – Currently enrolled full-time (12+ credits) 0+ to qualify.		
☐ Health/Dental Insu	rance – Currently en	rolled full-time (12+ credits)		
Employment Secur	ity – Will be mailed	or available after 2 p.m. the next business day		
☐ Deferment – Proce	ssed by National Stu	dent Clearinghouse		
☐ Scholarships – Cur	rently enrolled full-ti	me (12+ credits), GPA may vary per scholarshi	p	
Other - Describe: _				
DELIVERY ME	ГНОD			
Please indicate how yo	ou would like to rece	ive your verification. Select one.		
☐ Will pick up on:				
☐ Mail to:				
Address				
City		State	Zip	
	Ple	ease allow 2 business days for processing		
OFFICE USE ONLY	Date:	Processed by:		