

Enrollment Verification Request Form

Student Information (Please Print)

Name: _____ Liberty Student ID: _____

Previous Name: _____ Date of Birth (mm/dd/yy): ____/____/____

Email: _____ Phone Number: (____) ____-____

Request Information (Please Print)

Please Verify (check all that apply):

- ☐ Enrollment Status
- ☐ Projected Graduation Date
- ☐ Confirmation of Degree Conferral
- ☐ Academic Standing
- ☐ I have a form to complete (e.g., scholarship form, loan deferment form, etc.)

Delivery Method

- ☐ Email: _____
- ☐ Mail: _____

- ☐ Complete Online (provide organization or agency name):

Method of Verification:

- ☐ Please complete the attached form.
- ☐ Please draft a letter on official letterhead (specify the information you need by checking the boxes above).
- ☐ Complete this request via an online form/portal.

Authorization (Please Print & Sign)

Student's Signature: _____ Date: _____

**By signing this form you authorize the LUCOM Registrar's Office to supply all necessary information from your academic record to complete the request and to send your enrollment verification(s) to the designated person or organization listed above. For more information about Liberty University's FERPA Policy, please visit the [FERPA Policy](#) webpage.*

Contact Information & Instructions

Submit Request(s) to:

College of Osteopathic Medicine
Registrar's Office
306 Liberty View Lane, Lynchburg, VA 24502
Tel. (434) 592-5200 · Fax (434) 582-3902 · lucomregistrar@liberty.edu

*Allow 3-5 business days for processing.

Registrar's Use Only

Processed By: _____ Date: _____