



**PALMER THEOLOGICAL SEMINARY**  
**OFFICE OF THE REGISTRAR**  
**Request for Enrollment Verification**

Please note that this letter does not verify certification, degree, or academic status. This letter only provides the enrollment history, consisting of dates of attendance, and credit hours. The letter also provides the student's social security number and permanent address.

Name: \_\_\_\_\_ ID or SS #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Please complete the appropriate sections below:

\_\_\_\_ **For Loan Company**

Loan Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax (if applicable): \_\_\_\_\_

\_\_\_\_ **For Insurance Company**

Loan Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax (if applicable): \_\_\_\_\_

\_\_\_\_ **Other:**

Person or Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Fax (if applicable): \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*ALLOW 10 BUSINESS DAYS FOR PROCESSING*

**PLEASE RETURN TO:**  
**OFFICE OF THE REGISTRAR**  
**EASTERN UNIVERSITY**

1300 EAGLE ROAD, ST DAVIDS, PENNSYLVANIA USA 19087  
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