



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
TEL: 610-341-1379 FAX 610-341-1707
WWW.EASTERN.EDU