

**Office of the University Registrar**

Mail:  
29 Everett Street  
Cambridge, MA 02138-2790

Fax:  
617.649.4855

Contact:  
support.lesley.edu

**ENROLLMENT VERIFICATION REQUEST FORM****Student Information:**

Please print (include all information and sign at bottom)

\_\_\_\_\_  
Last, First, Middle

\_\_\_\_\_  
Lesley Student ID or Social Security #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Telephone (mobile or home)

\_\_\_\_\_  
Telephone (work)

\_\_\_\_\_  
Email

**Send enrollment verification to (check all that apply, and specify address, if mailing):**☐ **Mail to:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Street/Box #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

☐ **Sallie Mae**☐ **Xpress Loans**☐ **NELNET**☐ **SC Student Loans**☐ **AES (Harrisburg, PA)**☐ **ACS**☐ **VSAC (VT)**☐ **Wells-Fargo**☐ **CFS**☐ **Great Lakes (MN)**☐ **Other (name and fax number, please)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Fax

**Comments****Signature**

\_\_\_\_\_  
Student's Signature (required for all types of request/payment)

\_\_\_\_\_  
Date