



Office of the Registrar

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Little Rock, AR 72202
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Email: registraroffice@arkansasbaptist.edu
Homepage: www.arkansasbaptist.edu
School Code 00108700

Notice of Enrollment Verification Request

Name: _____

ID #: _____

Date of Birth: _____

Are you currently enrolled: ___ Yes ___ No

If not enrolled, last date of attendance: _____

Please check all that apply:

What is the purpose of this request?

___ Enrollment History

___ Scholarship

___ School

___ Anticipated Graduation Date

___ Insurance

___ Other

___ Graduation Verification

___ Employer

___ Academic Standing (including GPA)

___ Government Agency

Number of copies needed: _____

Please check one:

___ Mail ___ Pick-up ___ Fax (Fax # _____)

If the requested information is to be **mailed**, please complete information below:

Agency Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Signature: _____

Date: _____

Please allow up to 7 business days for processing