



# ENROLLMENT VERIFICATION REQUEST

Office of the Registrar  
1125 Nevada State Dr.  
Henderson, NV 89002  
Phone: 702.992.2110  
Fax: 702.992-2111  
E-Mail: nsc\_registrar@nsc.nevada.edu

FILL OUT A SEPARATE FORM FOR EACH ENROLLMENT VERIFICATION REQUEST.

IF GRADES ARE NEEDED, PLEASE SUBMIT A TRANSCRIPT REQUEST.

PROCESSING TIME: 2 DAYS

~ Please Print in Ink or Type ~

Student H#: H00000 \_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_  
Area Code

Student Legal Name: \_\_\_\_\_ NSC Email: \_\_\_\_\_@nevada.edu  
Last First Middle

► Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Check one:**

For which semester

- Fall 20\_\_\_\_\_
- Spring 20\_\_\_\_\_
- Summer 20\_\_\_\_\_
- All Semesters

**Check all that apply:**

In the letter, please provide:

- Social Security Number
- Date of Birth
- Student Status
- # of credits enrolled

**Check one:**

Delivery Option:

- Pick Up (at reception desk)
- Fax to: \_\_\_\_\_
- Send to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE OF THE REGISTRAR USE ONLY

Processed by: \_\_\_\_\_  
Date: \_\_\_\_\_