



# TEXAS LUTHERAN UNIVERSITY

## Student Request for Verification of Enrollment

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**STUDENT ID NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SEMESTER:** \_\_\_\_\_

**SEND VERIFICATION TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF STUDENT** \_\_\_\_\_

Please email completed form to [registration@tlu.edu](mailto:registration@tlu.edu) or bring to the Office of Registration and Records (Beck Center 101).