



Request for Enrollment Verification / Document Completion

Office of the Registrar, Eckhart Hall 1ST Floor,
347 S. Gladstone Ave. Aurora, IL 60506
Phone: 630-844-5462 Fax: 630-844-5463
registrar@aurora.edu

STUDENT INFORMATION

Full Name: _____ AU ID: _____
(If unknown, please leave blank)

Date of Birth: _____ Telephone Number: _____

Email Address: _____

RELEASE INFORMATION TO

Purpose of release: _____
(E.g. Good student insurance discount, employer reimbursement, extracurricular organization, enrollment status form, GPA confirmation, etc.)

Send completed document via (check all that apply):

Postal Mail

Name/Company: _____

Address: _____

City _____ State _____ ZIP _____

Number of copies to be mailed: _____

Email Email address(es): _____

Fax Fax Number(s): _____

Pick up Name of person picking up: _____
(Individual picking up must show valid photo ID. Pick up is at the Registrar's Office on the main Aurora Campus only.)

Additional notes (optional):

I approve of the release of attached document(s) or requested AU Enrollment Verification form to the above recipient(s).

Student Signature: _____ Date: _____

Please allow 3 to 5 business days for all request processing.