

Scranton Equity Enrollment Verification

By submitting this completed form, this verifies that the student named below is enrolled as a full-time student at your college/university.

Student Name: _____

Student ID: _____ Date: _____/_____/_____

Student signature: _____



The following is to be completed by the college/university for the student listed above.

College/University _____

Date of enrollment: _____

Full time _____ Part time _____ Admission's Phone _____

(Attach a copy of Student's schedule)

This information submitted is correct to the best of my knowledge.

Official Signature & Title

Date

Scranton Equity Exchange
PO Box 127
Scranton, ND 58653
701-275-8221

