

ENROLLMENT VERIFICATION REQUEST

Office of the Registrar
Raker Student Success Center | RSS 166
1300 Nevada State Dr., Bldg E
Henderson, NV 89002
Phone: 702.992.2110
Fax: 702.992.2111

E-mail: registrar@n	evadastate.edu			
NSHE ID:		Phone Number: ()		
Student Legal N	Jame:	First	Middle	E-mail:
Student Signatu	re:			Date:
	s intended for use by te University. *Photo			
Please choos	e your options below:			
☐ I nee	d verification that I have	never attended Nevad	a State Universi	ity
☐ I nee	ed verification of my cur	rent enrollment status	at Nevada State	University
Intend	led purpose:			
	re an additional form atta note, any additional forms incl			
	Yes	No		
For w	vhich semester:			
0	Fall 20			
	Spring 20			
	Summer 20All Semesters			
O	All Semesters			
Deliv	ery Option:			
O	1 0			
0	Fax to:			
О	Send to:			
				OFFICE OF THE REGISTRAR USE ONLY ID Verified by: Processed by:

Date: