Enrollment Verification Information

• To Request Enrollment Verification

If a letter of verification or deferment is needed please complete and print the Enrollment Verification Request Form. Sign the request form. Return the request form to:

Registrar’s Office
Concordia Theological Seminary
6600 North Clinton Street
Fort Wayne, IN 46825

Your signed request form can also be faxed to (260) 452-2285. Please include any other documentation that was supplied by the requestor.

Barbara Wegman
Registrar
Concordia Theological Seminary
Fort Wayne, IN 46825
Telephone: 260-452-2153
Fax: 260-452-2285
www.ctsfw.edu
Enrollment Verification Request Form

**PLEASE PRINT**

Personal and Certification Information:

- Today’s Date: ________________

- □ Letter
  □ Insurance form/letter
  □ Deferment form (form attached)
  □ Other

- Student ID Number: ________________

- Student’s Name: __________________________________________________________
  Last First Middle

- Suffix: __________ Maiden name or other former name: _____________________

- Telephone: _________________ e-mail: ________________________________

- Certifying which quarter(s)? ____________________________________________

- Certifying what information? ____________________________________________

Mail To:

- Campus Box: ________________

  (Note: deferments are mailed back to the student’s campus box if a self-stamped envelope is not provided.)

- Name or Organization: ________________________________________________

- Street Address: __________________________________ City: ________________
  State: ______ Zip: __________ Country: ________________

Pick Up:

- Date: ________________ Time: □ Morning □ Afternoon

- Comments: ____________________________________________________________

I affirm that I am the above named student. In compliance with Public Law 93-380, Family Education Rights and Privacy Act of 1974 (as amended), I hereby give written consent and do therefore authorize CTS to release my student information as noted:

Signature of student: ___________________________ Date: ________________