

# Norwich University

## SGCS Verification Request Form

Name: \_\_\_\_\_ Student A#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Graduating Class Year: 20\_\_\_\_

Type: Enrollment  Degree Plan  Degree Completion  Grade Report

# of Copies: \_\_\_\_\_ Program: \_\_\_\_\_ Concentration: \_\_\_\_\_

What semester(s) do you need Certification? \_\_\_\_\_

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**Please indicate where you would like your enrollment verification to be mailed,  
faxed or emailed as an attachment:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax# : \_\_\_\_\_

Email Address: \_\_\_\_\_

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\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**Please return completed form to Sharon Crossett via mail, fax or email  
attachment.**

**Registrar's Office  
158 Harmon Dr.  
Northfield, VT 05663**

**802-485-2533**

**[Registrargrad@norwich.edu](mailto:Registrargrad@norwich.edu)**

Staff Use Only