

# 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

Scranton  
 Equity