The National Defense University
Enrollment Management and Student Services Office

Email address: university-registrar@ndu.edu
JFSC Office email address: registrar2@ndu.edu

Enrollment Verification Request

Name on NDU records: (Last) _____ **(First)** _____ **(Middle)** _____

Former/Current Name (if different than NDU records): _____

NDU College/Program attended: _____ **Attendance Dates:** _____

Phone number: ( )_____ **Email address:** _____

Preferred method of contact for any necessary follow-up: (Please note that the EMSS Office is unable to make international calls.)

☐ Phone ☐ Email

All enrollment verification letters will be on NDU Letterhead and will include: program(s) attended and / or degrees / certifications earned; dates of attendance; and NDU accreditation details. If you would like any of the additional following details included, please mark the appropriate box.

☐ **GPA / Honors for alumni (if applicable)**

☐ **Credits Earned**

☐ **Full / Part-time Status**

☐ **Confirmation of instruction modality: In-residence or On-line**

Please mail my Enrollment Verification Letter to:

_____
_____
_____
_____

Please email my Enrollment Verification Letter to:

_____

I authorize NDU to process my request for an Enrollment Verification letter as instructed on this form. All requests must be authorized by the student or alumnus' signature in accordance with the National Defense University Privacy Act Statement.

Signature: _____ **Date:** _____