



Request for Enrollment History

This form is used to confirm the enrollment of a student at your school.

SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	MI
SCHOOL ID	SCHOOL NAME		
REQUESTED BY		DATE SENT	

Please provide enrollment verification **only** for the period requested.

- Complete history
 History for period from _____ to _____

If the student is currently enrolled at least half time, provide the anticipated completion date.	If the student is not currently enrolled at least half time, provide the date the student was enrolled less than half time.
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Begin and End Dates for Each Term (in MM/DD/YY format)	Enrollment Status	Number of Credits (if Enrollment Status = LTH)
_____ to _____	<input type="checkbox"/> FT <input type="checkbox"/> HT <input type="checkbox"/> LTH	
_____ to _____	<input type="checkbox"/> FT <input type="checkbox"/> HT <input type="checkbox"/> LTH	
_____ to _____	<input type="checkbox"/> FT <input type="checkbox"/> HT <input type="checkbox"/> LTH	
_____ to _____	<input type="checkbox"/> FT <input type="checkbox"/> HT <input type="checkbox"/> LTH	
_____ to _____	<input type="checkbox"/> FT <input type="checkbox"/> HT <input type="checkbox"/> LTH	
_____ to _____	<input type="checkbox"/> FT <input type="checkbox"/> HT <input type="checkbox"/> LTH	
_____ to _____	<input type="checkbox"/> FT <input type="checkbox"/> HT <input type="checkbox"/> LTH	

AUTHORIZED SCHOOL OFFICIAL'S SIGNATURE	TITLE	DATE
PHONE NUMBER	SCHOOL ID	

Upon completion of this form, please return it to Great Lakes using one of the following methods.

- Email:** enrollmentstatus@glhec.org
Fax: (608) 246-1608
Mail: Great Lakes Educational Loan Services, Inc.
 Corporate Status Processing
 PO Box 7902
 Madison, WI 53707-7902