

# Request for Verification of Enrollment

Registrar's Office  
118 Anderson Hall or 2310 Centennial Rd  
Manhattan, KS 66506 Salina, KS 67401



Name: Last First MI Other K-State ID:  
Current Address: Street City State Zip Date of Birth: (mm/dd/yyyy)  
Phone Number:  
E-mail:

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## Select a delivery option:

Mail to address below:

Fax to:

Recipient/Company/Institution

Fax Number

Street Address

Recipient/Company/Institution

City State Zip

**\*There is a \$5.00 fax charge.**

Credit Card Number

Expiration Date

Graduate Students:  
Do you have a teaching or research assistantship?

Yes No

(You may also submit a check, payable to Kansas State University.)

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Student Signature

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## Return to:

Kansas State University  
Registrar's Office

118 Anderson Hall 2310 Centennial Rd  
Manhattan, KS 66506 or Salina, KS 67401  
Fax: 785-532-5599 Fax: 785-826-2948