



ACADEMIC HEADQUARTERS
Office of the Registrar
550 West Van Buren, 7th Floor
Chicago, IL 60607

Enrollment Verification Form

OVERVIEW

This form is used to request a letter from Kaplan Higher Education that verifies you were enrolled at a Kaplan Higher Education institution. The letter will include your name, last four digits of your SSN, and your graduation date. Please complete and email this form to closedcollegeinformation@kaplan.edu or fax it to 800.882.9519.

STUDENT INFORMATION

PRINT FULL NAME: _____ PREVIOUS NAME(S): _____

LAST 4 DIGITS OF SSN: _____ DATE OF BIRTH: _____ STUDENT ID: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

NAME OF COLLEGE/SCHOOL PREVIOUSLY ATTENDED: _____

CITY: _____ STATE: _____

Student Signature

Date