



Date: \_\_\_\_\_ Student ID # \_\_\_\_\_

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_  
Last First Middle

Contact Details: \_\_\_\_\_  
Phone No. Mobile No. E-mail

**ENROLLMENT REQUEST DETAILS**

I hereby requesting GreenHeart Medical to release my enrollment information for the following terms;

January  May  September Year

Name, Address & Fax Number to which the letter should be sent;

**ATTN:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Specific Content Request:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**ALLOW 7 TO 14 BUSINESS DAYS OF PROCESSING AFTER SUBMISSION TO THE REGISTRAR'S OFFICE**

The form should be completed and submitted the form to the Registrar (records) office for a letter that verifies student's enrollment status with GreenHeart Medical University for the Current Academic Term (semester) and not future semester enrollment. The letter would include information's on Student's Name, Status, Academic Program, Program Level and anticipated graduation date. Additional paper work if required and requested may be submitted in lieu of Enrollment Verification Letter.

**The information will not be released without student's signature and the letter will only be issued to students who have met their obligations and are in good Financial Standing with the University**

\_\_\_\_\_  
 Student's Signature (Required)

\_\_\_\_\_  
 Date (Required)

**OFFICIAL USE ONLY**

Bursar: X _____	Registrar (Records): X _____
Date: _____	Date: _____
<b>STATUS:</b> <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	Date: _____
<b>Rejected By:</b> _____	Signature: X _____
<b>Reason:</b> _____	