



Student Request Form

Student Name: _____ Student ID#: _____ Program Enrolled: _____

Student Contact Information:

Address (Street, Apt#): _____

(City, State, Zip) _____

Student's Email Address: _____ Phone: _____

Service requesting:

<input type="checkbox"/> Verification Letter of Enrollment	<input type="checkbox"/> Deferment form (submit with form)	<input type="checkbox"/> Unofficial Transcript
<input type="checkbox"/> Copy of Student File (please specify):		

I am requesting this correspondence to be:

<input type="checkbox"/> Picked up	<input type="checkbox"/> Mailed*	<input type="checkbox"/> Faxed*	<input type="checkbox"/> Emailed*
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*If you request we fax, mail or email this correspondence, enter recipient information below:

Name/ Company: _____

Attention/Address: _____

City, State, Zip: _____

Fax # or Email Address: _____

Please allow 24 – 48 hours for verification and deferment requests; and please allow 4 days to process photocopies of transcripts from previous schools. FAX to 214/902-2458 or email to:

AskRegistrar@parker.edu

Student's Signature: _____ Date: _____

OFFICE USE ONLY

Status _____ Hrs. Enrolled: _____ PT/FT Status _____ Grad/Date: _____ Entry Date: _____

Date printed: _____ Date faxed: _____ Date Entered: _____