

# Gordon-Conwell Theological Seminary

# Enrollment Verification Request

Please complete this form in its entirety  
 Enrollment verification requests for current/future semesters  
 cannot be processed until the last day to add courses has passed.  
 Previous semesters may be verified at any time.  
 Certain verifications are subject to approval by Financial Services.

Send Requests To:  
 Gordon-Conwell Theological Seminary  
 Registration Office  
 130 Essex Street  
 South Hamilton, MA 01982  
 Fax: 978-646-4566 (no cover necessary)

Name	GCTS ID #	Date	GCTS Box #
Degree(s)		Telephone	GCTS Email

**Total number of copies requested:**  
 (Note: If verifications are for more than two recipients, please use additional forms.)

**Recipient #1 Name and Address (REQUIRED)**

\_\_\_\_\_  
 Recipient #1 Name

\_\_\_\_\_  
 Street

\_\_\_\_\_  
 Street (continued)

\_\_\_\_\_  
 City                      State              Zip                      Country

Send to my GCTS Box

**Verification Type:**

Enrollment (for current students)  
 Degree Completion (for alumni)

**Include Expected Graduation Date?**  
 (for current students only)

No       Yes

Planned Grad Term: \_\_\_\_\_

**Number of copies to this recipient:**

**Special Processing:**

**Recipient #2 Name and Address (REQUIRED)**

\_\_\_\_\_  
 Recipient #2 Name

\_\_\_\_\_  
 Street

\_\_\_\_\_  
 Street (continued)

\_\_\_\_\_  
 City                      State              Zip                      Country

**Verification Type:**

Enrollment (for current students)  
 Degree Completion (for alumni)

**Include Expected Graduation Date?**  
 (for current students only)

No       Yes

Planned Grad Term: \_\_\_\_\_

**Number of copies to this recipient:**

**Special Processing:**

\_\_\_\_\_  
**\*Student Signature (REQUIRED)** Date

FOR REGISTRATION OFFICE USE ONLY:  Mailed