

Complete and return to:
Labouré College
Attn: One-Stop Student Service Center
303 Adams Street
Milton, MA 02186
Fax: (617)296-7947 Email: registrar@laboure.edu

_____		_____	
Date		Last 4 digits Social Security #	
_____		_____	
Name on Record		ID#	
_____		_____	
Street Address		Apartment #	
_____		_____	
City	State	Zip Code	
()	_____		
Telephone	Email Address		

Letter of Enrollment

Enrollment verifications for student loans are provided by the National Student Clearinghouse (NSC). Enrollment information is sent to NSC by the Registrar three weeks after the semester start. Labouré College has authorized NSC to provide enrollment verifications for our students. If your loan company insists that a deferment form be completed by the Registrar Department, please attach to this form.

Request for verification of enrollment for:

___ Insurance ___ Child Care ___ Other (please specify): _____

Check One: Pick up Mail Email (PDF)

Check which semester(s) you would like the enrollment letter: Fall Spring Summer

Signature: _____

Mail to:

_____		_____	
Name		Suite#	
_____		_____	
Street Address		Zip Code	
City	State	Zip Code	

Office Use Only	
Processed by:	_____
Date:	_____