

Complete and return to:
Labouré College
Attn: Office of the Registrar
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

Street Address

Suite#

City

State

Zip Code

Office Use Only

Processed by: _____

Date: _____