



# ENROLLMENT VERIFICATION REQUEST FORM

Name: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Chapman ID #: \_\_\_\_\_ Current Term: \_\_\_\_\_

Current Program:  Juris Doctor (J.D.)  Master of Laws (LL.M.)  
(Check one box)

Expected Graduation Date: \_\_\_\_\_

**Delivery Address\*:**

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Please attach additional addresses if needed.

**International LL.M. students:** *If you are requesting a verification letter with specific requirements please list in detail the information your letter must include:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Student Signature**

**Date**

*Mail, Fax, or Scanned and Emailed request forms with student's written signature are accepted.*