



DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

VERIFICATION OF STUDENT ENROLLMENT

As required by the US Department of Education and the DC Compulsory Education Law, please confirm that the below student enrolled at your school:

Student Name: _____

Date of Birth: _____

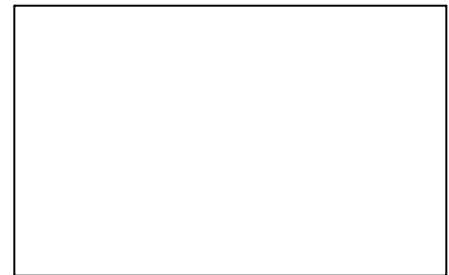
Name and Address of Receiving School

School Name: _____

School Address: _____

School Phone: _____

Enrollment Date: _____



Fix school stamp or seal here. If a stamp or seal is not available, please send a letter of enrollment confirmation on your school's letterhead.

School Type: Public School or Public Charter School Private School
 GED/Adult Education Program Job Corps Distance Learning Program
 Other: _____

By signing below, I verify that the student above has enrolled at our institution. I also certify that this is a **diploma-granting institution** that is accredited by _____ (if applicable).

School Official: _____

Title: _____

Signature: _____

Date: _____

Please return form via fax or mail as soon as possible to the attention of the Registrar.