



Oklahoma Baptist University

Enrollment Verification Request Form

Date: _____

Student Number & SSN: _____

Full Name: _____
Last First Middle

Daytime Phone: _____

Semesters Needed: _____

Student Signature: _____

Mail statement to:

Fax statement to:

Name or Company

Company

Address

Attention

City, State, Zip

(_____) _____
Fax Number

To request an enrollment verification, you may:

- ✓ Deliver this request in person to the Oklahoma Baptist University Academic Center
- ✓ Mail it to: OBU Academic Center, OBU Box 61173, 500 West University, Shawnee, OK 74804
- ✓ Fax it to: (405) 878-2046

Questions? Call 405-878-2024.