AOMA
GRADUATE SCHOOL *of*
INTEGRATIVE MEDICINE

Enrollment verification serves as documentation that a student is currently enrolled and is frequently requested to provide verification for insurance, loan deferments, or other purposes.

First name:	Last:

Email:
Verification Purpose
☐ Enrollment
☐ Loan Deferment: Please check first with each loan servicer to ensure they do not have their own required paperwork vs. AOMA produced default letter.
☐ Other:
Verification Content
Company/Attn:
Account number/ID (if required):
Letters produced will verify current enrollment (full/part time) and standing. If additional specifics are necessary (i.e. anticipated graduation date/date of completion), please list these below:
Delivery options, please check appropriate box below:
☐ Issue in official, sealed envelope for pick up
☐ Email:
☐ Fax:
☐ Issue to the third party as listed below via USPS

	Name:
	Title/Attn:
	Street Address:
	City, State, Zip:

I hereby grant permission for AOMA to release the information necessary for enrollment verification.	
Signature:	Date:
Request fulfilled by:	Date: