

**PINE MANOR COLLEGE**  
**OFFICE OF THE REGISTRAR**  
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**ENROLLMENT VERIFICATION REQUEST FORM**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Note: This form CANNOT be processed without the student's signature.

I will pick up the verification

Please send the verification to:

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

Fax the verification to:

\_\_\_\_\_