



Delta Sigma Theta Sorority, Inc.
 New Orleans Alumnae Chapter
Request for Confirmation of Enrollment

Date of Request _____

Student Instructions:

1. Complete the top portion of this form
2. Give this form to your University Registrar for mailing and completion

RELEASE OF INFORMATION (COMPLETED BY STUDENT):

Student's Name: LAST FIRST MI Student ID #:

College / University Name: College / University City: College / University State:

I grant permission to release all information regarding verification of enrollment, financial aid, or other application-relevant concerns to the scholarship grantors of the scholarship program, as deemed necessary by the New Orleans Alumnae Chapter of Delta Sigma Theta Sorority, Inc. I also authorize the scholarship grantors to share this information for the purposes of evaluation, recruitment, public

Applicant Name: _____

Email : _____ Phone Number: _____

Applicant Signature: _____ Date: _____

University Official Instructions:

1. Please complete the below portion to verify student enrollment
2. **Return the form via mail to Delta Sigma Theta Sorority, Inc., New Orleans Alumnae Chapter-Scholarships and Awards Committee, Post Office Box 52862, New Orleans, LA 70152**

Enrollment Verification (To be Completed by Registrar or University Official)

Official Seal or School Stamp

I certify that _____ is enrolled:

Full-Time Half-Time

for the Fall term Winter term Spring term

Term Start Date: ____/____/____ (mm/dd/yyyy)

SIGNATURE OF AUTHORIZED OFFICIAL

NAME AND TITLE OF AUTHORIZED OFFICIAL:

Telephone Number : Date:

* This form will be considered invalid without signatures and official seal/school stamp *