Enrollment Verification Requests

Last Updated 2-22-24

Methods of Submitting Form

- Email (must be sent from valid ecok.edu email)
- FAX (580-559-5432)
- Postal mail: ECU Records Office, 1100 E 14th PMB J-8, Ada OK 74820-6999
- Submit the form in person to ECU Records Office (Suite 111 C. Spencer Administration Building)

Identifying Inform	ation *Please enter the name	on file with ECU.				
First Name:		Last Name:	Last Name:			
ECU ID:	Date of Birth:	Last Term at E	CU:			
Details of Your Red	quest					
Please select the o	ption that best describes	your reason for the re	quest:			
	c terms would you like yo academic terms (e.g., Fall		enrollment statu	s to be provided	l. You	
•	ur anticipated graduation on term will be based on number					
Would you like you	ır most recent academic s	tanding to be include?	?			
How would you like	e your request delivered?					
• If you selec	cted email of USPS mail, p	lease enter the appro	priate informatio	n below.		
Email to:						
USPS Maile	ed to (only standard USPS	shipping available):				
	Person/Institution/Scl	nool/Organization to A	Address to			
Street	:/Box	City	State	Zip		
Requestor's Signat A handwritten sign	c ure ature is only required if fo	orm is submitted in pe	rson to the Recor	ds Office.		
Signature:	e: Date:					
	F	Records Office Use On	 lv			

Submitted by Email Submitted by Fax Submitted in Person Initials of Processor