

Enrollment Verification Request

Name: _____ Date of Birth: _____ Telephone Number: _____

Ranger Email: _____ Student ID Number: _____

Semester and Year to be verified: ☐ FALL ☐ SPRING ☐ SUMMER ☐ WINTERIM YEAR _____

**** YOU MUST BE REGISTERED IN YOUR CLASSES FOR THE SEMESTER REQUESTED. WAITLISTED CLASSES ARE NOT CALCULATED IN TOTAL ENROLLMENT HOURS ****

Please indicate (✓) the items to be included in your enrollment verification:

☐ **Social Security Number** SSN: _____

☐ **GPA Verification -Good Student Discount**

FOR OFFICE USE			
GPA: _____	Term	UWP	UWP & Trans

☐ **Current enrollment status:** Full time Part time

FOR OFFICE USE	
Enrolled Hours: _____	

☐ **Degree Verification**

FOR OFFICE USE		
Degree: _____	Major: _____	Date: _____

☐ **Insurance Coverage Policy Holder and Number**

Policy Number: _____ Policy Holder: _____

**** COMPLETED ENROLLMENT/DEGREE VERIFICATIONS WILL BE AVAILABLE FIVE (5) BUSINESS DAYS AFTER RECEIPT OF REQUEST ****

<input type="checkbox"/> For Pick-UP	<input type="checkbox"/> Mail to:	<input type="checkbox"/> Fax to:
Letter will be available for pick-up in 5 business days. You must present a Student ID or Picture ID.	Attention:	Attention:
	Address	Fax Number
	City/State/Zip	

By signing the below, I am authorizing the above information to be released.

Student Signature: _____ Date: _____

Verified by: _____ Date: _____ Processed by: _____ Date: _____