**UC Riverside, Office of the Registrar** **VERRQ**

# VERIFICATION REQUEST FORM

Please **PRINT** all entries in **CAPITAL** letters in **BLACK, MEDIUM** point **INK**. (See example below.)

- Print clearly in CAPITAL letters and skip a box between words: M A R Y A N N
- Write numbers in this manner: 1 2 3 4 5 6 7 8 9 0 (Do **NOT** cross the 7 or 0 with a line.)

**Student's Name**

Last

First MI

**Student's SSN / SID** ___ ___

**Please note the following information:**

Normal processing time is five to seven working days after receipt and after the following requirements are completed

- Student must not have any existing holds or self-restrictions, and
- Student must be enrolled in courses (if requesting verification for the current or a future quarter)

We are **unable** to verify:

- Anticipated graduation date
- Enrollment dates beyond the current academic year (defined as Fall through Summer)

**Number of copies requested**

**This is for my student loans / lenders**

**Choose one of the following:**

☐ Pick up verification(s) at the counter:

☐ Have verification(s) mailed to the following address: **(Include a stamped envelope for this option.)**

Name of Person or Company

Street Address Line 1

Street Address Line 2 if needed

City (Do not abbreviate) State Zip/Postal Code

**Student Contact Phone number (Area Code & Number)** ___ ___

**Please Sign Below if you want to have your GPA included.**

**Signature** _____

**REGISTRAR'S USE ONLY**

Date Received

M M D D Y Y Y Y