**UC RIVERSIDE**
UNIVERSITY OF CALIFORNIA

# ENROLLMENT VERIFICATION REQUEST FORM

*Please submit this request if you have an __Attachment__ that requires Verification of Enrollment. All other Enrollment Verification Requests must be ordered online at Rweb.ucr.edu.*

## Enrollment Verification

Enrollment verifications are frequently used to verify enrollment status for eligibility for financial aid and/or services such as health insurance, car insurance, county agencies, loan deferments and scholarships. You must be enrolled in classes for any given term in order for us to provide an enrollment verification.

## Personal Information

Student ID Number _____ Email Address _____

Name: Last _____ First _____ Middle _____

Phone _____ Date of Birth _____

## Number of Copies Requested: ____ ($8.00 each) Make check/money order payable to "Regents U.C."
*Verification Requests will be honored in 5 to 7 business days*

## Type of Verification

[ ] Attachment submitted along with Verification Request

[ ] Letter – Choose the information needed:

     [ ] Enrollment. Please Select: [ ] Current Term [ ] Enrollment History [ ] Specific Term _____

     [ ] Other information_____

**Please sign here if you would like to have your GPA included:** _____

*GPA of current quarter and cumulative provided*

## Delivery Method

[ ] Mailing: Name/Company: _____

           Address:_____

                         _____

                         _____

       City/State/Zip/Country: _____

[ ] Pick up at the Highlander One Stop Shop (HOSS)

[ ] Fax Number [No International Faxing] _____-_____-_____ Attn: _____
     (Available for pick up at the HOSS unless otherwise requested)

## Authorization

PURSUANT TO PROVISIONS OF THE FEDERAL FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (PUBLIC LAW 93-380), I GRANT PERMISSION FOR RELEASE OF MY ACADEMIC RECORD AS INDICATED ON THIS FORM:

**Signature** _____ **Date** _____