

Enrollment Verification Request

Effective or Revised Date: 11/19/2020

Purpose of Form

Please complete this form to request a letter verifying your enrollment or other additional information regarding your enrollment. If all you require is verification of your current enrollment status, you may obtain an Enrollment Certificate in your Student Portal by accessing the Clearinghouse Student Self-Service under Popular Links.

Submission Instructions

Once you have completed this form in its entirety, please print, sign, or e-sign, and submit it to the Registrar's Office. Any missing information on the form will result in a delay in processing your request. Requests are traditionally processed within 7-10 business days; however, requests which require financial information to be released may take more than 10 business days to process.

The University of Arizona Global Campus Office of the Registrar, 8620 Spectrum Center Blvd., San Diego, CA 92123
Tel: 866.974.5700 Fax: 888.481.7811 Email: student.forms@UAGC.EDU
For former University of the Rockies students please send this form to RecordsUOR@UAGC.EDU

Note: Please review the accepted form formats: .PDF, Word (.DOC or .DOCX), Excel (.XLS or .XLSX), TIFF or .TIF, .JPG or .JPEG, Text (.TXT), Bitmap (.BMP), .HTML or .HTM. Submitting a form in any other format may require resubmission or result in a delay in processing.

Student Information

First Name: _____ Last Name: _____ Student ID: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Information Requested for Release

For an official transcript, please complete an online transcript request. Go to www.UAGC.EDU then click on Transcript Request under Popular Links along the left hand side of the webpage. For final grades, please check your Student Portal.

- Enrollment Status/Good Standing Letter: (States your current enrollment status, program of study, and current dates of attendance.)
 Process the Attached Form*
 Other: _____

*Please include your portal/student ID on each page of your attached documents. A delay in processing may result if this information is not provided.

Purpose for Release

Personal Professional Other: _____

Person/Agency to Whom Information May Be Released

Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
Website: _____

Method of Delivery

Mail (provide address above) Fax (provide number above) Email (provide address above)

Authorization to Release

I understand that the student record information provided may include, but is not limited to: directory information, non-directory information, and/or relevant financial information (including Federal aid related information). I understand and agree that by signing this authorization, I am waiving my rights of non-disclosure of my student records under the Family

Educational Rights and Privacy Act (FERPA) as to the persons or entities specifically listed herein. I hereby release and hold Global Campus harmless from any and all claims and liabilities that may arise from my instructions, including unauthorized viewing of my student information by unintended recipients of mail, E-Mail, or fax transmissions. This executed FERPA Release Form will be retained in my student records for one year as a record of authorization for release.

I authorize the Registrar's Office to release the information indicated above to the person/agency indicated.

Student Signature: _____ Date: _____

You have provided your consent to receive documents from Global Campus in electronic form as part of your Online Application. For more information, please refer to the Electronic Communication section of the Catalog.