Office of the Registrar
190 Hahn Student Services
1156 High Street
Santa Cruz, CA 95064

Phone: (831) 459-4412
Fax: (831) 459-5051
Email: registrar@ucsc.edu

University of California, Santa Cruz

Enrollment Verification Request

By signing this form, you agree to have the Records Verification fee(s) assessed to your UCSC account.

Enrollment Verifications include:

Current Program of Study (UGRD/GRAD)
Expected Completion Date
Signature of the University Registrar
University seal
Current Enrollment: Term, Begin and End Dates,
Units, Full/Part-Time Status
Major(s), Minor(s), College

Prior Quarters and GPA also available under Additional Requests*.

– PRINT CLEARLY –

Name: _____
LAST FIRST MIDDLE

Student ID: _____

Phone: (_____) _____-_____

Email: _____

☐ Pick-Up
or
☐ Mail to:

_____
PERSON / INSTITUTION

_____
STREET 1

_____
STREET 2

_____
CITY STATE ZIP

☐ **Financial Waiver** – Verifications for scholarship/ financial aid verification are provided at no charge. Provide financial aid paperwork and include the name of the scholarship or institution.

Scholarship/Institution: _____

__ # COPIES x $17 each = $____

SPECIAL PROCESSING REQUESTS

☐ Fax Request (USA only) –add $5 per fax $____
(_____) _____-_____

Attention: _____

☐ Express Mailing (USA only) – add $25 per address $____

☐ International Standard Mail – add $5 per address $____

☐ International Express Mailing $_____
(Phone number required) – add $30 per address
(_____) _____-_____

☐ Notarization – add $23 per verification $_____

☐ Sign & Sealed Envelope $_____
– add $23 per verification

Total:$___

***Additional Requests (no extra charge):**

☐ Include all prior quarters
☐ Include my GPA
☐ Hold for _____ quarter enrollment
☐ Attach additional paperwork

SIGNATURE:	DATE:

Office Use Only:

Processed By: _____ Date: _____ Date Fee Posted: _____ Check #: _____ Cash Amt: $_____

Pick Up/Faxed/Mailed By: _____ Date: _____

Revised: 11/2018