Office of the Registrar
1156 High Street
Santa Cruz, CA 95064

Phone: (831) 459-4412
Fax: (831) 459-5051

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. Verifications for financial aid must be sent directly to the agency.

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 07/2017