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

Prior Quarters and GPA also available under Additional Requests*.

– PRINT CLEARLY –

Name: ______________________________
LAST FIRST MIDDLE

Student ID: __________________________

Phone: (______) ______-_____________

Fax: (______) ______-_____________
or
Email: ______________________________

☐ Fax to: (_____) ______-_____________
or
☐ Mail to:

PERSON / INSTITUTION
______________________________
STREET 1
______________________________
STREET 2
______________________________
CITY STATE ZIP

☐ Additional Requests (no extra charge):
☐ Include all prior quarters
☐ Include my GPA
☐ Hold for ______ quarter enrollment
☐ Attach additional paperwork

☐ 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:$______

SIGNATURE: __________________________ DATE: __________

Office Use Only:
Processed By: __________ Date: ________ Date Fee Posted: ________ Check #: __________ Cash Amt: $______
Pick Up/Faxed/Mailed By: ______ Date: ________
Revised: 10/20

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