

Enrollment Verification Request

Last Name: _____ First Name: _____ Telephone Number: _____

Ranger Email: _____@rangers.uwp.edu Student ID Number: _____

Enrollment Verifications will be available 5 business days after receipt of request.

Complete Attached Form

OR

Provide a letter on letterhead to contain the following information:

Enrolled Credits for Term and Year: _____
(Waitlisted courses are not enrollment and are not calculated in enrolled hours.)

Grade Point Average for Term and Year: _____

Other Non-Standard Information: _____

* To receive grade or degree verification, an official or unofficial transcript must be ordered. Please contact the recipient of the verification to confirm which type of transcript they require. Information on how to obtain official and unofficial transcripts is found at www.uwp.edu/live/offices/registrarsoffice/transcript.cfm.

* 3rd-party verifications must go through the National Student Clearinghouse at www.studentclearinghouse.org.

Delivery Method:

Pick Up
(Please return in 5 business days with a photo ID)

Mail to: _____
Name

Email to: _____

Attention

Fax to: _____

Street Address

ATTN: _____

City, State Zip

(Rev: 11/19)

Student Signature: _____

Date: _____

SRENVR

By signing, I am authorizing the requested information above to be released.

For Office Use Only:

Processed By: _____

Date: _____