

## ENROLLMENT/DEGREE VERIFICATION

To ensure privacy online, open in Adobe Reader (free at Adobe.com).  
Please add the required signature(s) in blue or black ink.

office use only	
certification mailed	date

Provide the <b>name</b> and <b>complete mailing address</b> where you want your certification(s) sent. The address you provide will appear in a window envelope.
Recipient Name:
Address Line 1:
Address Line 2:
City, State, Zipcode:

**RETURN FORM TO:**  
 One Stop Student Services  
 105 Behmler Hall  
 600 E 4th St  
 Morris, MN 56267-2132  
 Fax: 320-589-1673  
 Phone: 320-589-6046  
 1-800-992-8863  
 Email: [ummonestop@morris.umn.edu](mailto:ummonestop@morris.umn.edu)

**DIRECTIONS**—To ensure prompt processing, provide all information requested. Fill out one request for each address you are sending certification letter(s) to or attach a sheet listing additional addresses. If you are a current student, check your online enrollment summary to be sure that everything you want to have certified is currently listed; certification requests are not held for missing information. The Office of the Registrar will only certify coursework taken at the University of Minnesota.

SECTION A. Student information				
First name		Middle	Last	
Current street address		City	State	Zip code
University ID	Last 4 digits of SSN	Email address	Birthdate	Phone number
<b>What type of information are you requesting?</b>				
<input type="checkbox"/> Verification of attendance  <input type="checkbox"/> Most recent term GPA and credits <input type="checkbox"/> Cumulative GPA and credits <input type="checkbox"/> Expected graduation date (You must specify date or term/year _____) <input type="checkbox"/> Verification of degree/certificate awarded		<input type="checkbox"/> Degree GPA (GPA as of date your degree was conferred. Available for undergraduate degrees only) <input type="checkbox"/> Birthdate <input type="checkbox"/> Social Security Number <input type="checkbox"/> Most recent term <input type="checkbox"/> All dates		
Special instructions				
Student signature				Date

SECTION B. Order & payment information
<b>Quantity:</b> _____ <b>Mail:</b> Sent at no charge. Processed within one business day. Please allow sufficient time for delivery by U.S. mail _____ <b>Fax:</b> An original copy will be mailed the same day if the fax request is received by 2:00 p.m.. Please allow sufficient time for delivery by U.S. mail <b>Fax number</b> _____



To request copies of this form in an alternative format, please call the Disability Resource Center at 320-589-6178. The University of Minnesota is an equal opportunity employer and educator.

