University of Colorado Denver

VERIFICATION LETTER REQUEST FORMS

Student ID Number: _____   Student Status: ☐ Current Student ☐ Former Student

Student Name: _____
(If you are a former student, please provide the name you had at the time of your enrollment, if applicable)

Student Address: Student Email Address:

_____   _____

Building number, Apt. number, Street

                                                         Student Telephone Number:

_____

Town, State, Zip Code   _____

Student Signature: Date:

_____   _____

Verification Type:

☐ **Enrollment Verification**   ☐ **Degree Verification**   ☐ **Method of Instruction**

☐ **Pre-registration Letter**   ☐ **Anticipated Date of Graduation:** _____

☐ **Letter of Non-Enrollment**   ☐ **Tentative Degree Verification** (Letter of Program Completion MUST be submitted

with verification Request)

☐ **Attached 3rd Party Form**

Delivery Options:

Email: _____

(Current Students: Verifications are sent to your *@ucdenver.edu* address ONLY)

☐ **Fax:**

☐ **Mail**

Name/ Company

_____

☐ **Pick-up (Registrar's Office)**

Building number/Apt., Street Name

_____

Town, State, zip Code

By signing this document, you agree that University personnel may provide the information identified above from your educational records to the parties you have listed on this document.

- **Forms can be submitted via e-mail to registrar@ucdenver.edu.**
- **Enrollment for future terms cannot be verified until the first day of classes.**
- **Please allow 3 – 5 working days for completion.**