

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 **name** and **complete mailing address** where you want your certification(s) sent. The address you provide will appear in a window envelope.

RETURN FORM TO:
Office of the Registrar
200 Fraser Hall
106 Pleasant St SE
Minneapolis, MN 55455
Fax: 612-625-4351
Phone: 612-624-1111
Email: otr@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
What type of information are you requesting?				
<input type="checkbox"/> Verification of attendance <input type="checkbox"/> Degree GPA (GPA as of date your degree was conferred. Available for undergraduate degrees only)				
<input type="checkbox"/> Most recent term GPA and credits <input type="checkbox"/> Birthdate				
<input type="checkbox"/> Cumulative GPA and credits <input type="checkbox"/> Social Security Number				
<input type="checkbox"/> Expected graduation date (You must specify date or term/year _____) <input type="checkbox"/> Most recent term				
<input type="checkbox"/> Verification of degree/certificate awarded <input type="checkbox"/> All dates				
Special instructions				
Student signature				Date

SECTION B. Order information
Quantity: _____ Mail: Sent at no charge. Processed within one business day. Please allow sufficient time for delivery by U.S. mail _____ Fax: Sent at no charge. Processed within one business day. Fax number: _____ <i>Note: You can view and print your enrollment verification at any time by logging into MyU: Academics (http://z.umn.edu/myacademics). You must allow pop ups to view the printable enrollment verification.</i>



To request copies of this form in an alternative format, please call a Disability Resource Center liaison for financial aid at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.
otr055 8/16

