

ENROLLMENT VERIFICATION REQUEST FORM
(This form may be printed and mailed or faxed)

Weber State University
1102 University Circle
Ogden UT 84408-1102
(801)626-7344 or Fax (801)626-6679
Student Information: (Please Print)

Name: _____

Student I.D. # _____

Phone: _____

E-Mail: _____

Current Address:

Circle One: Undergraduate Graduate

Information Requested [Please mark the information you need verified]

- | | |
|--|---|
| <input type="checkbox"/> Enrollment for the current term | <input type="checkbox"/> Degree verification |
| <input type="checkbox"/> Past attendance/dates of attendance | <input type="checkbox"/> Projected date of graduation |
| <input type="checkbox"/> Pre-registration for next term | <input type="checkbox"/> Verification for military ID |
| <input type="checkbox"/> Current grade point average (GPA) | <input type="checkbox"/> Verification for insurance |

Destination of Document

Please mail or fax my verification to the following address:

OR: I will pick up the certification in the registrar's office with my picture ID.

Signature: _____

(Signature is required to release non-directory information.)