

# ENROLLMENT VERIFICATION REQUEST

University of North Texas Health Science Center  
Office of the Registrar, EAD 247  
3500 Camp Bowie Blvd.  
Fort Worth, TX 76107-2699

(817) 735-2201 / Fax (817) 735-2568

Questions regarding data collected may be directed to the Registrar. (HB 1922)

**(PLEASE PRINT)**

Student ID OR Social Security Number	Last Name	First Name	Middle Name
Date of Birth	Daytime Telephone Number		
Today's Date	Other Names Used While Enrolled at UNTHSC		

<u>Program</u>		<u>Type of Verification Needed:</u>	
<input type="checkbox"/> GSBS	<input type="checkbox"/> TCOM-DO Class of _____	<input type="checkbox"/> Current Enrollment Only	<input type="checkbox"/> Anticipated Graduation Date
<input type="checkbox"/> SPH	<input type="checkbox"/> TCOM-PA Class of _____	<input type="checkbox"/> Academic Standing	<input type="checkbox"/> Semester Dates
		<input type="checkbox"/> Explanation of Extended Enrollment	<input type="checkbox"/> Matriculation Date

**Address to Send Enrollment Verification:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fax to:**

Attn: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I wish to pick up my enrollment verification in person

I certify that I am the person whose name appears on the name line of this form.

\_\_\_\_\_  
Signature

**Note: Requests will take a minimum of 24 hours to complete.**

For Office Use Only

Date Request Completed: \_\_\_\_\_