

ULM REGISTRAR'S OFFICE

Enrollment Verification Request

► **PRINT, COMPLETE, and SIGN** one form for each verification request.

► **SUBMIT** form to Registrar's Office via US mail (ULM Registrar's Office, 700 University Avenue, Monroe LA 71209), in person (Sandel Hall 217), or scan/email to transcripts@ulm.edu.

1. **PRINTED Name**

Last

First

Middle

Current Address

Number/Street or PO Box

City/State/ZIP Code

Social Security Number (nine digits)

Campus-Wide ID Number (eight digits)

Birth Date

(mm/dd/yy)

Daytime Telephone Number

2. **This verification will be used for a matter related to:**

- ☐ medical insurance ☐ auto insurance (GPA required; check *Yes* in next item) ☐ letter of non-attendance
☐ other (please specify):

3. **This verification is for** (A) ☐ Fall ☐ Spring ☐ Summer of 20____ (year)

OR

(B) ☐ all my enrollment periods at ULM

4. **Would you like your grade-point average (GPA) to appear on this verification form?** ☐ Yes ☐ No

5. **Please choose delivery method for this verification.**

☐ **I will pick up this verification in person and understand I must present a picture ID to receive it.** (Once the enrollment verification period begins, please allow 24 hours for processing.)

☐ **Please mail to:** Recipient's Name _____
Number/Street or PO Box _____
City/State/ZIP Code _____

6. **PRINT before affixing your signature below (required).**

Signature

Date