

UAMS ENROLLMENT VERIFICATION REQUEST

University of Arkansas for Medical Sciences, Office of the University Registrar

Phone: 501-526-5600 / Fax: 501-526-3220

Email: registrar@uams.edu

PRINT ALL INFORMATION

Student loan or insurance verification forms MUST be PROVIDED and attached to this form.

Verification letters will not be sent to these agencies.

Name: _____ Expected Graduation Date: _____

Program: _____

I request that the following form(s) be completed:

1. ___ Letter of Academic Standing
2. ___ Verification of Enrollment
3. ___ Student Loan Deferment Form
4. ___ Insurance Form
5. ___ Other: _____

I request that the following information be included:

1. ___ Specific term of enrollment at UAMS _____
2. ___ Expected graduation date _____
3. ___ Other: _____

Other Release Information:

I _____ Student hereby authorize _____ Advisor/Instructor

to release my information to the following individual or organization.

Name

Organization / Relationship

A MINIMUM OF TWO (2) FULL WORKING DAYS IS REQUIRED FOR THE PREPARATION OF YOUR VERIFICATION REQUEST. YOUR FORM WILL BE AVAILABLE ON THE 3RD WORKDAY.

MAILING / PICK UP INSTRUCTIONS

_____ Will pick up after 1:00 p.m. 3rd work day after date of this request

_____ Fax to _____ At: _____

_____ Mail to the following address:

SIGNATURE

DATE

Daytime Phone #