**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: UAMS Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program:**  **Expected Graduation Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **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. Certified Copy of Diploma
6. \_\_ Other:
 |  | **I request that the following information be included:**1. Specific term ofenrollment at UAMS |
| 1. Expected graduation date
2. Other:
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**Other Release Information:**

|  |  |
| --- | --- |
| **I hereby authorize** |  |
| Student Advisor/Instructor**to release my information to the following individual or organization.**Name Organization / Relationship |
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|  |  |

**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:

 Email to

Mail to the following address:

SIGNATURE DATE Daytime Phone #