**UAMS ENROLLMENT VERIFICATION REQUEST**

University of Arkansas for Medical Sciences, Office of the University Registrar Phone: 501‐526‐5600 / Fax: 501‐526‐3220

Email: [regist](mailto:registrar@uams.edu)[rar@uams.edu](mailto:rar@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 of  enrollment 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 #