St. Edward's University Office of the Registrar
Enrollment or Degree Verification Request Form

Full Name		Student ID#/ SSN	
Daytime Phone		E-mail	

Do you have a documented disability that affects your registration or enrollment status? ☐ Yes ☐ No

Please select (√) the TYPE of verification letter.

All verification letters include the following FULLNAME, SSN, PROGRAM, MAJOR, and the DATE the letter was generated. Letter of Non-Attendance is not a standard letter and will not follow the same format of other verification letters.

√	TYPE OF LETTER	DESCRIPTION
	Official Enrollment Verification Term _____ Year _____	*Includes number of attempted hours, term begin date, and term end date. This is only available AFTER the official headcount day of the term requested.*
	Pre-Enrollment Verification Term _____ Year _____	*Includes number of currently registered hours, term begin date, and term end date.*
	Letter of Good Standing	*Includes cumulative GPA and standard academic standing definitions.*
	Graduation Certification	*Includes the term and year certified to graduate.*
	Degree Verification	*Includes degree earned and degree awarded date.*
	Standard Verification (Enrollment History)	*Includes every term of official enrollment, term begin and end dates, the enrollment status per term, cumulative GPA, cumulative hours earned, degree earned (if applicable), and degree awarded date.*
	Form Provided	*Enrollment verification form provided by the student for completion.*
	Letter of Non-Attendance	*Letter to verify the student did not attend St. Edward's University.*

Please indicate (√) the processing method(s).

_____ **FAX # :** _____ **Attn:** _____

_____ **E-mail Address:** _____

_____ **MAIL to the following address:**

      _____
      _____
      _____
      _____

_____ **HOLD LETTER for pickup. You must present a photo ID to insure proper identification.** *If the letter is to be picked up by someone else, complete the following statement. I authorize the release of my verification letter to _____. (This person must present a photo ID for pick up.)*

Student Signature: _____ **Date:** _____
        (Electronic signatures will not be accepted.)

Upon completion of the request, please submit via one of the following methods:

Mail: 3001 S. Congress Ave, Austin, TX, 78704
Fax: 512-464-8851
Scan and E-mail: regr@stedwards.edu

Revised 08/14/2014(verific.doc)