

UNIVERSITY REGISTRAR

UNIVERSITY of VIRGINIA

STUDENT INFORMATION – (All requested information below must be completed)

Enrollment and Degree Verification Request Form

Part 1: Student Information

University/SIS ID: _____ Email: _____ Phone Number: _____

Name: _____ / _____
Last First Middle Maiden/Previous

By signing this form, I am authorizing the Office of the University Registrar to provide any information necessary to complete this request for certification. This information may be released to me, emailed and/or mailed to the address(es) I have provided, or faxed to the fax number I have provided.

Student Signature: _____ Date: _____

Directory Information: The University of Virginia has defined directory information as name, home and school address, home and school telephone number, e-mail address, UVa computing ID, date of birth (it is the practice of the University not to release a student's date of birth except as required by law or as a validation of positive identification of a student when furnished by a person making an inquiry), place of birth, county of citizenship, major field of study, school of enrollment, location of attendance, full/part-time status, level and year in school, participation in officially recognized activities and sports, weight and height of members of athletics teams, dates of attendance, candidacy for degree, degrees, honors, scholarships and awards received, most recent previous educational agency or institution attended, names of student's parents or guardians, any unique identifying number created for the purpose of compiling, releasing, or transmitting directory information and photographic images of the student. To receive any information not included in the previous list, the student must provide the Office of the University Registrar with his/her signed authorization.

Note: This request will be processed in compliance with the Federal Family Educational Rights and Privacy Act of 1974, as amended.

Part 2: Please check the information you are requesting:

- | | |
|---|---|
| <input type="checkbox"/> Degree Verification | <input type="checkbox"/> Anticipated Graduation Date |
| <input type="checkbox"/> Enrollment for the Previous Term | <input type="checkbox"/> Current Cumulative Grade Point Average (GPA) |
| <input type="checkbox"/> Enrollment for the Current Term | <input type="checkbox"/> Total number of Credit Hours |
| <input type="checkbox"/> Anticipated Enrollment for the Next Term | <input type="checkbox"/> Disciplinary Information |

Comments: _____ Quantity _____

Please mail to the following address:

Please Email to:

Please Fax to:

I authorize the release of my information to the designated recipient(s) by email, fax, or mail.

I will pick up this request in person