

## UCC Verification Request Form

Last Name	First Name	Middle Initial	Birthdate (MM/DD/YYYY)	Student ID Number	
Mailing Address		City	State	Zip	
Phone		Former Names Used			
Section 1 - REQUEST (5	Select all that applie	es)			
Verifications w	vill not be processed	d until the beginnin	g of the 2 <sup>nd</sup> week of each ter	m.	
Verification type:  □ GPA □ Enrollment □ Degree	,		Purpose of request:  Insurance Deferment Child Support		
Varification torm:	mmor - Foll - Wint		Other		
Verification term: □ Su	mmer 🗆 Fall 🗆 Winto	er u Spring	Academic Year:		
Additional Information F					
Section 2 - DELIVERY N	METHOD <i>(Select all</i>	that applies)			
			ion to: □ Use different email ad		
Email Address  □ U.S. Mail □ Use n	ny student mailing a	ddress above	□ Use different mailing a	address below:	
Name					
Mailing Address		City	State	Zip	
Student Signature			Date:		
Signifies Approval & Authorization	on to release my transcri	pt and/or verification as	s directed on this form.		
OFFICE USE ONLY  Date Received:   AM PM					
Section 3 – IN PERSON PICK UP ONLY (Sign & date at the time of pick up)					
Student Signature			Date:		

Signifies authorization that I received my transcript and/or verification.