

UAPB Enrollment Verification Request Form



Verification requests submitted using this form are normally completed within **1 – 2 business days.** Any verification not picked up within **THREE WEEKS** will be destroyed and a new verification form must be submitted (the 1 – 2 day waiting period also applies).

****COMPLETE TO ENSURE PROPER IDENTIFICATION AND HANDLING****

Student ID or Social Security Number _____ Date of Birth _____

Full Name (Last, First, Middle) _____

Former Name(s) Used _____ Phone Number (Area Code) _____

Current Address _____

Type of Verification: ☐ Enrollment ☐ Anticipated Graduation Date ☐ Academic Standing
☐ Other _____

Currently Enrolled: ☐ Yes ☐ No If yes, ☐ Undergraduate ☐ Graduate If No, last semester attended: _____

I am requesting Enrollment Verification for: ☐ Health Coverage ☐ Employment ☐ Government Agency ☐ Other

(Students requesting verifications for health coverage should include the subscriber's name) _____

Student's Signature _____ Date _____

I authorize the University of Arkansas at Pine Bluff to release the above information per this request.

Please submit this form to:

**University of Arkansas to Pine Bluff
Academic Records
1200 N. University Dr. – Mail Slot 4983
Pine Bluff, Arkansas 71601
(870) 575-8487/Fax#: (870) 575-4608**

Please select applicable options: ☐ Mailed ☐ Pick Up ☐ Fax (\$6.00 fee, check or money order)

If mailing, submit **EXACT ADDRESS** where enrollment verification should be sent and if faxing, submit **FAX NUMBER AND CONTACT PERSON** to which enrollment verification should be sent:

Name _____

Name _____

Address _____

Fax# _____

City, State, Zip _____

Please print legibly and submit copy of photo id for request not submitted in person.