



ENROLLMENT DOCUMENTATION REQUEST FORM (EDRF)

PERSONAL INFORMATION (Please type or print all sections below legibly. *All personal information below is required*)

First Name: _____ Last Name: _____ SID: _____ MS YR: _____

Cell Phone #: _____ UTRGV Email Address: _____

Today's Date: _____ Needed by Date: _____ (PLEASE ALLOW AT LEAST THREE (3) BUSINESS DAYS FOR PROCESSING)

DOCUMENT(S) REQUESTED:

Enrollment Verification including Certification of Good Standing Proof of Liability Insurance
Other: _____

INSTITUTION INFORMATION (Contact Information for the Third Party Receiving the Documents *Must Be Provided*)

We will not be held responsible for any information provided inaccurately. If the requested document is undeliverable due to invalid data, you will be required to submit a new corrected EDRF.

Purpose for the Request: _____

Institution/Company Name: _____

Recipient's Name: _____ Email Address: _____

Mailing Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

METHOD OF DELIVERY (please select one of the options below):

Send it to the recipient email address listed above.

Send it to my UTRGV email address listed above.

SIGNATURE (*Unsigned or Incomplete Forms will be Returned Unprocessed*)

Student's Signature: _____ Date: _____

Submit the completed & signed EDRF via email to: SOMRegistrarServices@utrgv.edu

DO NOT WRITE BELOW THIS LINE

Administrative Use Only

Processing

Registrar's Office Designee:

Print Name

Signature

Date