



ENROLLMENT DOCUMENTATION REQUEST FORM (EDRF)

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

Name (First, Last): _____ SID: _____ DOB: _____ MS YR: _____

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 Only	Letter of Good Standing (letter includes enrollment verification)
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 information provided inaccurately. If the requested document is undeliverable due to invalid data, you will be required to submit a new corrected enrollment documentation request form (EDRF).

Reason for the Request: _____

Institution/Company Name: _____

Contact Name (First, Last): _____ Email Address: _____

Mailing Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

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

Send to the email address listed above.

Mail to the address listed above.

Send to a different email address (this can be to yourself): _____

Fax to: (_____) _____ - _____

SIGNATURE (*Unsigned or Incomplete Forms Will Not Be Processed*)

Student 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