

## ENROLLMENT DOCUMENTATION REQUEST FORM

### PERSONAL INFORMATION

Please type or print all sections below legibly (*All contact information below is required*)

Name (First, Middle/Maiden, Last): \_\_\_\_\_ SID: \_\_\_\_\_ DOB: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date Needed By: \_\_\_\_\_ Academic Year(s) To Be Verified: \_\_\_\_\_

### 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 responsible for a provided incorrect address. If it is incorrect and cannot be delivered, you will have to request another document with the correct address.

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*):

- I will pick up a hard copy in the SOM Registrar Services Office (EMEBL 1.118A)       Fax: \_\_\_\_\_  
 Mail to the address listed above  
 Email to: \_\_\_\_\_

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form via email to: [SOMRegistrarServices@utrgv.edu](mailto:SOMRegistrarServices@utrgv.edu)

**PLEASE ALLOW AT LEAST THREE (3) BUSINESS DAYS TO PROCESS**

**DO NOT WRITE BELOW THIS LINE**

**Administrative Use Only**

Completed Date: \_\_\_\_\_ By: \_\_\_\_\_