

SOPM Registrar Services Office
HCEBL 2.104

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):*

- Mail to the address listed above Fax: _____
 Email to: _____

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

Student Signature: _____ Date: _____

Return completed form via email to: SOPMRegistrar@utrgv.edu
PLEASE ALLOW AT LEAST THREE (3) BUSINESS DAYS TO PROCESS

DO NOT WRITE BELOW THIS LINE

Administrative Use Only

Completed Date: _____ By: _____