

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

BY MAIL TO:

UMD One Stop Student Services
1117 University Drive, 23 SCC
Duluth MN 55812

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu)**. Forms can be sent to umdhelphelp@d.umn.edu.

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

ENROLLMENT VERIFICATION REQUEST

Your verification letter will reflect the academic record as of the date your letter is prepared.

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

RETURN FORM:

BY MAIL TO:

UMD One Stop Student Services
1049 University Dr, 23 SCC
Duluth MN 55812

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

QUESTIONS?

Phone: 218-726-8000
TTY (hearing impaired):
800-627-3529
Email: umdhelp@d.umn.edu

Student information		
Last name	First	Middle
University ID number	SSN (last 4 digits)	Birthdate
Phone Number	U of M email	@d.umn.edu

I authorize the University of Minnesota to release my information (indicated below)

Enrollment verification for all terms for most recent term
 Cumulative GPA and Credits for all terms for most recent term
 Expected date of graduation (**indicate date mm/yyyy**) _____
 Degree verification (degree already conferred)
 Date of Birth
 Social Security number
 Scholarship agencies

Number of copies needed _____

I will pick up at One Stop Student Services
 Fax my verification letter to: Fax Recipient _____
 Fax Number (Inside U.S. provide area code and fax number) _____
 Email: _____
 Mail: Recipient Name _____
 Address _____
 City _____ State _____ Zip Code _____

Certification	
I certify that all information provided is true and correct to the best of my knowledge.	
Student Signature	Date