

ENROLLMENT VERIFICATION REQUEST
Complete all sections. Return by mail, fax or in person.
Delays will occur during peak periods, such as registration,
graduation, and at the end of the semester.

University of the Incarnate Word
Office of the Registrar
4301 Broadway, CPO 304
San Antonio, TX 78209
Phone: 210-829-6006 Fax: 210-829-3922

**Verification of enrollment cannot be completed
until the semester for which you want verification has begun.**

**ALL REQUESTS ARE FORWARDED TO THE NATIONAL
STUDENT CLEARINGHOUSE.**

Allow 10 – 12 business days, excluding delivery.

Date: _____ Student ID or Social Security No. _____ Date of Birth _____
Full Name: _____
Last First Middle Maiden
Former Name(s): _____ Date Last Attended: _____
Phone Number : _____ Email: _____

**Students requesting copies mailed to “self” must download official
copies from the Registrar’s Office web page or pay the same-day-fee.**

SAME-DAY SERVICE FEE: \$10.00

Same-day service may not be available during peak periods, such as the first/last week of the semester.

**Processing Instructions: Neatly print below the company name and address where we will
send the verification. We will contact you by email if there is a problem with your request.**

Company name and mailing address where verification will be sent	

Student’s Signature: _____ **Date:** _____

OVERNIGHT SERVICE INFORMATION: (\$30.00 charge per package. Overnight does not guarantee same-day service.)

Credit Card Information: MasterCard Visa Discover American Express Expiration Date: _____

Card Number: _____ Security Number on Back of Card: _____

FOR OFFICE USE ONLY : Amount Paid: \$ _____ Date Mailed _____

Comments: _____ 8/24/09 8:25 AM