Print

ULM REGISTRAR'S OFFICE
Enrollment Verification Request

Please complete this form, and FAX to 318.342.5274 or MAIL to the following address:

ULM REGISTRAR'S OFFICE
700 University Avenue
Monroe, LA 71209

1. **PRINTED Name** _____
   Last First Middle

   Current Address _____
   Number and Street City/State/ZIP Code

   Social Security Number (nine digits) ☐

   Campus-Wide ID Number (eight digits) ☐

   Birth Date ☐ **Daytime Telephone Number** ☐

2. **This verification will be used for a matter related to:**

   ☐ **medical insurance** ☐ **auto insurance (GPA is required; check *Yes* in next item)** ☐ **other**

3. **Would you like your grade-point average (GPA) to appear on this verification form?**

   ☐ **Yes** ☐ **No**

4. **How would you like for us to process your verification?**

   ☐ **I will pick up this verification in person and understand I must present a picture ID to receive it.** (Once the enrollment verification period begins, please allow 24 hours for processing.)

   ☐ **Please mail this verification to the following address:**

   Recipient's Name _____

   Number and Street _____

   City/State/ZIP Code _____

5. **Please affix your signature below (required).**

_____ _____
Signature **Date**

08/2010