## Complete and return this form to:

University of Rochester - Simon Business School Office of the Registrar 2341 Carol Simon Hall Box 270100

registrar@simon.rochester.edu

Phone: (585) 275-8071 / Fax: (585) 276-0244



## **ENROLLMENT AND DEGREE VERIFICATION FORM**

## **Directions**

Date Received:

- Use this form to request an enrollment and/or degree verification letter **only when enrollment and degree information cannot be obtained from the National Student Clearinghouse or from your official transcript**. Please allow 5 business days for your request to be processed.
- Through a partnership with the National Student Clearinghouse, the University of Rochester provides instant and official enrollment verifications. Please login with your NETID and print your verification from: <a href="https://www.rochester.edu/registrar/verifications.html">https://www.rochester.edu/registrar/verifications.html</a>.
- Proof of a degree awarded can also be found on your official transcript, which is ordered through the University Registrar's Office from: <a href="https://www.rochester.edu/registrar/transcripts.html">www.rochester.edu/registrar/transcripts.html</a>.

Student Name:				UID# or DOB:
Please print	Last	First	MI	
Student Signature: Da			Date:	
				month/day/year
Program:			E-mail:	
Explain why you n	eed this letter:			
Check your status:         □ Current student       □ Graduate of Simon School       □ If not a current a student, last year attended				
Please check the type of verification letter you are requesting:  ☐ Enrollment Verification. Enrollment can be verified once you are enrolled for the semester.  I need enrollment verification for the following terms:  From to				
☐ Degree Verification. We will indicate "anticipated date of graduation" on the letter if you have not received your degree yet. ☐ Degree Verification for Housing Office. Just provide the name of the housing office and we will fax it directly to them.				
Indicate the name and address of the person or institution to whom the letter should be addressed:				
Name:				
Address:				
Check one:				
☐ Scan to the following E-mail address:				
☐ Fax to:				
		*Registrar's Office Use	Only*	Revision: 8/2022

By:

Date Processed: