Office of the Registrar
1156 High Street
Santa Cruz, CA 95064

Phone: (831) 459-4412
Fax: (831) 459-5051

University of California, Santa Cruz

Enrollment Certification Request Form

By signing this form, you agree to have the Records Verification fee(s) assessed to your UCSC account.

To order certifications with a CREDIT CARD, go online to www.studentclearinghouse.com

Third parties may also verify enrollment directly through the above website.

To verify GPA, use this form.

- *PRINT CLEARLY* –

Name During Attendance: _____
LAST FIRST MIDDLE

Student ID: _____ Phone: (_____) _____-_____

Email: _____

Signature: Date:

CHECK ALL THAT APPLY:

- ☐ **Include my GPA**
- ☐ **Include my prior quarter enrollments**
- ☐ **Hold until _____ quarter begins**
- ☐ **Attach my additional paperwork**
- ☐ **Hold for pick-up**

Mail Enrollment Certification to:

_____
PERSON / INSTITUTION

_____
STREET

_____
CITY STATE ZIP

☐ **Financial Waiver** – Certifications for scholarship/ financial aid (not student loan deferment) are provided at no charge. Provide name of the scholarship or institution and sibling (for sibling enrollment verification).

Scholarship/Institution: _____

Sibling: _____

Enrollment Certifications include:
Current Program of Study (UGRD/GRAD)
Expected Completion Date
GPA (optional)
Major(s), Minors, College
Enrollment History: Term, Prior Terms,
Begin and End Dates, Units,
Full/Part-Time Status (based on units enrolled)
Signature of the University Registrar
University seal

COPIES __x $10 each = $____

SPECIAL PROCESSING REQUESTS

☐ Fax Request –add $5 per fax $____
(_____) _____-_____

☐ Express Mailing $____
(USA only) – add $20 per address

☐ International Airmail – add $5 per address $____

☐ International Express Mailing $____
(Phone number required) – add $30 per address
(_____) _____-_____

☐ Notarization – add $15 per certification $____

☐ Sign & Sealed Envelope $____
– add $15 per certification

Total: $____

Processed By: _____ Date: _____

Fee Posted: ☐ Check #: _____ Cash Amt: $_____

Pick Up/Faxed/Mailed By: _____ Date: _____

Revised 8/27/2010 dm
Retain 2 years