



University of Colorado
Denver

VERIFICATION LETTER REQUEST FORMS

Student ID Number: _____

Student Status: ☐ Current Student ☐ Former Student

Student Name: _____

(If you are a former student, please provide the name you had at the time of your enrollment, if applicable)

Student Address:

Student Email Address:

Building number, Apt. number, Street

Student Telephone Number:

Town, State, Zip Code

Student Signature: _____

Date: _____

Verification Type:

☐ Enrollment Verification

☐ Degree Verification

☐ Method of Instruction

☐ Letter of Non-Enrollment

☐ Tentative Degree Verification (Letter of Program Completion MUST be submitted with Verification Request)

☐ Pre-registration

☐ Anticipated Date of Graduation: _____

☐ Attached 3rd Party Form

Delivery Options:

☐ Email: _____

(Current Students: Verifications are sent to your @ucdenver.edu address ONLY)

The following services below are not available at the moment:

☐ Fax:

☐ Mail:

Name/ Company

☐ Pick-up (Registrar's Office)

Building number/Apt., Street Name

Town, State, zip Code

By signing this document, you agree that University personnel may provide the information identified above from your educational records to the parties you have listed on this document.

- Forms can be submitted via e-mail to registrar@ucdenver.edu.
- Enrollment for future terms cannot be verified until the first day of classes.
- Please allow 3 – 5 working days for completion.

UNIVERSITY OF COLORADO OFFICE OF THE REGISTRAR

Student Commons Building | 1201 Larimer Street - Room 5005 | Campus Box 116 | Denver, CO 80204
Phone 303 315 2600 | Fax 303 315 2550 | Email registrar@ucdenver.edu | www.ucdenver.edu