

Office of the Registrar 5323 Harry Hines Blvd. Dallas, Texas 75390-9096 (214) 648-3606 Phone stuinfo@utsouthwestern.edu

REQUEST FOR ENROLLMENT / DEGREE VERIFICATION

* PLEASE FILL OUT COMPLETELY WITH SIGNATURE* E-MAIL COMPLETED FORMS TO <u>STUINFO@UTSouthwestern.edu</u>

- Complete one form for each mailing address.
- There is no charge for sending a verification.
- Verifications will NOT be released without a signature.

* Please allow 5 business days for processing *

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_	Classification		School
Student ID #:	Student	Medical	Health Professions(formerly Allied Health)
	Alumnus	Graduate	O' Donnell School of Public Hea
Date of Birth:		N	urse Practitioner/Midwifery
Phone #:	Semester / Dates of	Attendance:	to
Name (Last, First Middle):			
Previous Name (if different from above):			
Number of Verifications Requ	nested Note: If requesting m Addresses, mail		
Signature:		<u>D</u>	ate:
NOTE: VERIFICATIONS WILL NOT BE RELE. With few exceptions, you are entitled on your request to be informed a		ou Under Sections 552.0	21 and 552 023 of the Texas Government Code, you are
ntitled to receive and review the information. Under Section 559,004 ncorrect, in accordance with procedures set forth in the University of equired by Texas records retention laws (Section 441.180 et seq. Of ti	4 of the Texas Government Code, you are entitled to har f Texas System Business Procedures Memorandum 32.	ve UT Southwestern correct The information that UT S	ct information about you that is held by us and that is outhwestern collects will be retained and maintained as
☐ PICK UP from the Registrar's	Office located in the Bryan	M. Williams	Student Center (MA 2.200)
Mail verification to:			
То:			
Address:			
City:		State:	ZIP Code:
E-mail verification to:			
E-mail verification to:			
Attention:			
Attention: E-mail Address:			
Attention: E-mail Address: SPECIAL INSTRUCTIONS			
Attention: E-mail Address: SPECIAL INSTRUCTIONS Hold for posting of degree			
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