

Office of Enrollment Services 5323 Harry Hines Blvd. Dallas, Texas 75390-9096 (214) 648-3606 Phone (214) 648-3289 Fax

REQUEST FOR ENROLLMENT / DEGREE VERIFICATION

- Please provide mailing labels if we are sending more than 5 items to different addresses.
- 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 *

St. Lost ID #	Classification		School	
Student ID #:	Student	☐ Medical	Health Professions (formerly Allied He	
Date of Birth:	Alumnus	☐ Graduate	Nurse Practitioner/Midwifery	
Phone #:	Semester / Dates o	f Attendance:		
Name (Last, First Middle):				
Previous Name (if different from above):				
Number of Verifications Reque	ested Note: PLEASE PROVIDE MORE THAN 5 ITEMS TO			
Signature NOTE: VERIFICATIONS WILL NOT	BE RELEASED WITHOUT A SIGNATO	Date	,	
With few exceptions, you are entitled on your request to be informed ab- entitled to receive and review the information. Under Section 559.004 o incorrect, in accordance with procedures set forth in the University of T required by Texas records retention laws (Section 441.180 et seq. Of the	of the Texas Government Code, you are entitled to h Yexas System Business Procedures Memorandum 32.	ave UT Southwestern correct in The information that UT South	nformation about you that is held by us and that is hwestern collects will be retained and maintained as	
PICK UP from the Office of Er	nrollment Services located	in the Bryan M	. Williams Student Center	
MAIL verification to:				
То:				
Address:				
City:		State:	ZIP Code:	
FAX verification to:				
Attention:				
Fax #:				
SPECIAL INSTRUCTIONS Hold for posting of degree				