

Office of the Registrar  
University of California, San Diego  
9500 Gilman Drive, 0022  
La Jolla, CA 92093-0022



## Verification of Student Information

Fee: Verifications are \$10.00 per copy. Please allow 3 business days to process mail requests. You may pay in person at the Registrar's Office or at Cashier's Office with cash or check.

Check one:  Pick-Up  Mail  Undergraduate  Graduate student

Name: \_\_\_\_\_  
Last First Middle

Student PID (if available): \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please check the items you wish us to verify

- |   |   |
|---|---|
| <input type="checkbox"/> Dates of enrollment to be verified:<br>from _____ to _____ | <input type="checkbox"/> Quarter Registration Fees Paid<br>_____ QTR _____ YR   |
| <input type="checkbox"/> Please verify all quarters enrolled                        | <input type="checkbox"/> Expected Date of Graduation<br>_____ QTR _____ YR  |
| <input type="checkbox"/> Enrollment, Major & Class Level                            | <input type="checkbox"/> EAP  |
| <input type="checkbox"/> Cumulative Grade Point Average                             | <input type="checkbox"/> Please FAX my verification to:<br>(domestic: additional \$5.00 fee required)<br>(international: additional \$10.00 fee required)<br>(____) _____ - _____ |
| <input type="checkbox"/> Number of Units completed                                  |   |
| <input type="checkbox"/> Degree(s) Awarded  |   |

Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Received by: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash/check/credit