Enrollment Verification
CERTIFICATION REQUEST FORM

OFFICE OF THE UNIVERSITY REGISTRAR

- For TUITION forms and letters, please go to Student Account Services in the Ashe Building.
- For TRANSCRIPT submission, please go to Admissions near the Stanford Circle
- LAW STUDENTS: Please go to the LAW SCHOOL REGISTRAR for Certification
- Please note that outside loans must be reported to the Office of Financial Aid

Student Information

Student UM ID Number: ____________________________
Last Name: ____________________________________  First Name: ____________________________
Email Address: ________________________________  Phone Number: ____________________________
Anticipated Graduation Date: ____________________  Semester to Verify: ________________________

Request

☐ Please fill out the form I provided
☐ Please send document with my Transcript Order (Order # ____________________________)
☐ Please provide me a Letter of Enrollment
  ☐ Include my Social Security Number: ___________ - ________ - ________ - ________ - ________
  ☐ Include my Insurance Policy ID number: ____________________________
  ☐ Other purposes: __________________________________________________________________________

Please check ONE of the following: *All request will be processed within 5-7 business days*

☐ Pickup: (Alternate pickup name: ____________________________)
☐ Mail to: ____________________________________________
           ____________________________________________
           ____________________________________________

☐ Email to: ____________________________________________
☐ Fax to/Attn: ____________________________  Fax Number: ____________________________

*DEFERMENT FORMS: will be processed after the last day to drop a course without a “W”
*COMMON APPLICATIONS: will be emailed directly to the Dean of Students. Please contact
Tery Ortega at 305-284-5353 with institution information.

* If you have special instructions, please ask to speak to a certification representative *

STUDENT’S SIGNATURE: ____________________________  DATE: ____________

1306 Stanford Drive, The University Center, Room 1230  P.O. Box 248026  Coral Gables, FL  33124-6914
Website: www.miami.edu/registrar  Email: registrar@miami.edu  FAX: 305-284-6293

Updated 1/19/18