## **UAPB Enrollment Verification Request Form**



Verification requests submitted using this form are normally completed within  $\underline{1-2 \text{ business days.}}$  Any verification not picked up within **THREE WEEKS** will be destroyed and a new verification form must be submitted (the 1-2 day waiting period also applies).

## \*\*COMPLETE TO ENSURE PROPER IDENTIFICATION AND HANDLING\*\*

Student ID or Social Security Number	ecurity Number Date of Birth				
Full Name (Last, First, Middle)					
Former Name(s) Used	Phone Number (Area Code)				
Current Address					
	☐ Anticipated Graduation Date ☐ Academic Standing				
Currently Enrolled: ☐ Yes ☐ No If yes,	☐ Undergraduate ☐ Graduate If No, last semester attended:				
I am requesting Enrollment Verification for: ☐ Health Coverage ☐ Employment ☐ Government Agency ☐ Other					
(Students requesting verifications for health c	overage should include the subscriber's name )				
Student's Signature	Date				
I authorize the University of Ark	ansas at Pine Bluff to release the above information per this request.				
	Please submit this form to:				

University of Arkansas to Pine Bluff Academic Records 1200 N. University Dr. – Mail Slot 4983 Pine Bluff, Arkansas 71601 (870) 575-8487/Fax#: (870) 575-4608

Please select applicable options:	☐ Mailed	□ Pick Up	$\Box$ Fax (\$6.00 fee, check or money order)	
If mailing, submit <b>EXACT ADDRESS</b> where enrollment verification should be sent and if faxing, submit <b>FAX NUMBER AND CONTACT PERSON</b> to which enrollment verification should be sent:				
Name			Name	
Address			Fax#	
City, State, Zip			Please print legibly and submit copy of photo id for request not submitted in person.	