

Request for Certification of Enrollment
Office of the University Registrar
The University of Kansas

Date: _____

This office certifies current and past enrollment only. We cannot verify terms that you were not or are not enrolled in.

Certifications are provided free of cost for currently enrolled students and for parents/guardians of currently enrolled students. If not currently enrolled, a charge will be billed to your current address (\$3.00 regular processing / \$15.00 priority processing) per copy.

Certifications of enrollment will not be provided for former students with financial and other obligations to the University. The charge is \$15 for priority processing, regardless of enrollment status. For third party verification (employment, apartment complexes, banks, etc) contact: The National Student Clearinghouse at www.studentclearinghouse.org or e-mail at service@studentclearinghouse.org or (703) 742-4200.

Check Here for Priority Processing. No Requests after 3:00PM. Priority Processing Fee is \$15.00 for all students.

DO NOT USE THIS FORM FOR LOAN DEFERMENTS

1. Name _____ **KUID/EMPID** _____
Last First Middle Possible Other names

Current Address _____
Street City State Zip

Phone Number _____

2. Anticipated Date of Graduation _____

Check here if you want your anticipated date of graduation included on the certification.

3. Student Signature* _____
(Signature authorizes the University of Kansas to release this information)

4. List semester(s) you wish to be certified: Spring _____ Summer _____ Fall _____
Year(s) Year(s) Year(s)

5. For what purpose:
 Health Insurance Release cumulative GPA* Release Term GPA* _____
 Good student discount* Scholarship indicate term
 Letter of good standing* International student
 Military ID Other (*) Indicates student signature is required
 Number of hours enrolled* to release this information.

6. Student's social security number _____
 Check here if you want your social security number included on the certification.

7. Please list account number for insurance, name of policy holder, the policy number and the claim number if applicable. _____

8. Mail Certification to address below Pick Up Certification in 151 Strong
Please print address:

(Recipient / Company / Institution)

Attn:

Street Address

City State Zip Code

GRADUATE STUDENTS:

1. Do you have a teaching or research assistantship or a special exception which would justify "full-time" status?
 Yes _____ Department No

Return to: Certifications
University Registrar – University of Kansas
1450 Jayhawk Blvd, Room 151 Strong Hall
Lawrence, KS 66045-7535
(785) 864-4422 (phone) (785) 864-5230 (fax)

Office Use Only
Batch Number _____
Processor _____
Date _____