



Office of the Registrar
Student Services Building
900 University Ave
Riverside, CA 92521-0118

Enrollment Verification Request Form

Use this form to request completion of a physical enrollment verification form provided to you by a third party. Please attach the document to this form and drop off in person at the Highlander One Stop Shop or mail to the Office of the Registrar at the address above. For all other enrollment verification requests, please visit the [Registrar's Website](#).

Student Information

Name: _____ Student ID: _____

Email Address: _____ Date of Birth: _____

What name should we use on your verification (select one): Lived Name Legal Name

Delivery Method

Please mail my verification to the address below:

I will pick up my verification at the Highlander One Stop Shop (HOSS). Photo ID required.

I authorize the person below to pick up my verification at the HOSS. Photo ID required.

Name: _____

Authorization

PURSUANT TO PROVISIONS OF THE FEDERAL FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (PUBLIC LAW 93380), I GRANT PERMISSION FOR RELEASE OF MY ACADEMIC RECORD AS INDICATED ON THIS FORM OR ATTACHED, INCLUDING THE RELEASE OF MY FINANCIAL INFORMATION AS REQUESTED.

Signature: _____

Date: _____