



Registration and Records
 PO Box 967
 Roseburg, Oregon 97470
 541.440.4604 | Fax 541.440.7713
 Registration@umpqua.edu

UCC Verification Request Form

 Last Name First Name M.I. Birthdate (MM/DD/YYYY) Student ID Number

 Mailing Address City State Zip

 Phone Former Names Used

Section 1 – REQUEST (Select all that applies)

Verifications will not be processed for future terms.

Verification type:

- GPA
- Enrollment
- Degree

Purpose of request:

- Insurance
- Deferment
- Child Support
- Other _____

Verification term: Summer Fall Winter Spring

Academic Year: _____

Additional Information Requested: _____

Section 2 – DELIVERY METHOD (Select all that applies)

In-Person pick up *(must be picked up within 30 days)*

Fax Fax number: (____)____ - _____ Attention to: _____

U.S. Mail Use my student mailing address above Use different mailing address below:

 Name

 Mailing Address City State Zip

Section 3 – PAYMENT INFORMATION

| COST | |
|--|--|
| <input type="checkbox"/> Mail/Pickup...\$0 | |
| <input type="checkbox"/> Fax\$3 | |
| Total: \$ _____ | |

Credit Card: **Check No:** _____ **Cash**

Name on card: _____

Billing Address: _____ State: _____ Zip: _____

Account No: _____ Exp. ____/____ VCode: _____

Student Signature _____ **Date:** _____

Signifies Approval & Authorization to release my transcript as directed on this form.

OFFICE USE ONLY

Payment Verified: Fee Applied Payment Received **Date Received:** _____ AM PM

Section 4 – IN PERSON PICK UP ONLY (Sign & date at the time of pick up)

Student Signature _____ **Date:** _____

Signifies authorization that I received my transcript and/or verification.