



Request for Enrollment / Degree Verification

1 Identification Information

Full Name: _____
(First) (Middle) (Last)

Previous Name (if applicable): _____ Day Phone: _____

Student ID: **J00** _____ Birthdate: ____ / ____ / ____ SSN*: ____ - ____ - ____
(MM) (DD) (YY) (*Optional, but helpful)

- If just prior to, during, or immediately following registration, processing may take up to two weeks.
- It is the student's responsibility to report any status changes made after the initial date of request.
- Normal processing time is three to five days.
- Student's written permission required for pick up of enrollment certification by a third party.

2 Reason for Request

- Verification of USA degree awarded
- Loan deferment (Current Cumulative)
- Insurance (Current Cumulative)
 - Insurance Company: _____
 - Policy/Group #: _____
 - Subscriber: _____
 - Good Student Discount (Requires 3.0 GPA or better)
- Military ID (Anticipated Graduation Term: _____)
- Other (Current Cumulative) (please explain) _____

3 Delivery Instructions / Information

- Hold for future term: _____
 - Mail Pickup (Photo ID required.)
- Address: _____

- City: _____
 State/Province: _____ Zip / Postal Code: _____
 Country/Nation: _____

4 Authorization (Required)

Signature: _____ Date: _____
**** ENROLLMENT CERTIFICATIONS CANNOT BE FAXED **** (MM/DD/YYYY)

Office of the Registrar
 Meister Hall, Suite 1100
 Mobile, Alabama 36688-0002
 Telephone: (251)461-1649
 Fax: (251)460-7738
 Email: registrar@usouthal.edu
 http://www.southalabama.edu/registrar

OFFICE USE ONLY
 Previous Term GPA: _____
 Cumulative GPA: _____

Completed By: _____
 Date: _____