



William & Mary
Office of the University Registrar
Blow Memorial Hall Room 240
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ENROLLMENT VERIFICATION REQUEST

PROCESSING TIME: Requests made on one business day will be available next business day after 12 p.m. If you wish to expedite your request, there is a \$25.00 rush processing fee. Contact information is above and this form can be submitted in person, postal mail, fax, or email.

SECTION A **STUDENT INFORMATION**

Student Name _____	(Last)	(First)	(MI)	93# _____
				Student ID# (or provide your SSN to help us match this form to your records)
Phone # _____	Date of Birth _____ / _____ / _____			E-Mail: _____ @ _____
		Month/	Day	/ Year

SECTION B **VERIFICATION TYPE**

SELECT ONE (1):

- BASIC ENROLLMENT VERIFICATION** (Includes: full-time/part-time status, expected graduation date, major(s), minor, credit hours, dates attended.)
- BASIC ENROLLMENT VERIFICATION – GPA Included** (Includes information from Basic Enrollment Verification AND cumulative and term GPA.)
- BASIC ENROLLMENT VERIFICATION – Schedule Included** (Includes information from Basic Enrollment Verification AND current schedule of classes.)
- DEGREE VERIFICATION- Include GPA?** YES NO
Includes: major(s), minor, degree earned, degree date, terms attended Degree Year: _____

SECTION C **ADDITIONAL INFORMATION**

- Include Pre-Registration for upcoming semester.** (Processed only if you have registered for upcoming semester).
NOTE: You are not officially enrolled until the first day of classes of the semester.
- Additional information such as name of company, policy number, named of insured, etc. to be included on report: (If SSN or current campus address is needed, please specify exact number or address below.)

- Please complete and include **attached form** for _____ semester(s).

SECTION D **FORWARDING INSTRUCTIONS**

SELECT ONE (1):

- Hold for pick-up. (photo ID required)
- Email to _____
Email Address: _____
- Mail to Name/Company: _____

Address _____
City _____ State _____ Zip _____
- Fax: (____) _____ - _____ Phone Number: (____) _____ - _____
Attn: _____ Company/Organization: _____
- Permit _____ to pick up on my behalf. (Photo ID is required.) _____
Signature required above for pick up.

Student Signature (No font or electronic signature) **Date** _____ / _____ / _____

*******FOR OFFICE USE ONLY*******

Circle one: Pick-up/E-Mailed/Mailed/Faxed Processed by: Initials _____ Date _____

Revised: 5/2022