Student Verification Request

The Student Verification Request allows current students and alumni to request various types of enrollment verification letters. The requested verification letter will be completed within 3-5 business days from the date of your request.

Included Information:

- Full Name
- Date of Birth
- Last four (full Social Security Number provided upon request)
- Expected/Anticipated Graduation Date
- Entire enrollment history unless otherwise indicated
- Program of Study

Request Reasons:

- Various Educational Requirements
- Housing
- Insurance
- Loan Deferrals
- Military Verifications
- Academic Dismissals
- FBI Internships

Types of Letters

- **Academic Standing:**
  - Standing provided for current or last term attended
- **Certification of Degree:**
  - Can be requested after degree requirements have been met and prior to degree conferral
- **Certification of Enrollment**
- **Letter of Non-Attendance**
  - Only available to individuals who never attended or participated in courses
- **Pre-Registration letter**
  - The program and anticipated credit hours will be listed
- **Withdrawal letter**
  - Used for students that have attended Regent and fully withdrawn
- **External Agencies Forms**

* A copy of your completed letter will also be sent to you via email
### Student Verification Request

Send completed form to: 1000 Regent University Drive, SC 218 Virginia Beach, VA 23464
Fax: 757-352-4033 | Email: registrar@regent.edu

| Date of Request: ____________________________ |
| Type of Letter: 
  - [ ] Academic Standing
  - [ ] Certification of Enrollment
  - [ ] Certification of Degree
  - [ ] Letter of Non-Attendance
  - [ ] Pre-Registration Letter
  - [ ] Withdrawal Letter |
| Name: ___________________________________________ |
| Student ID/DOB: ________________________________ |
| Phone #: ________________________________________ |
| Regent Email: ____________________________________ |
| Regent University School of: ______________________ |
| Degree Sought: _________________________________ |
| Anticipated Graduation Date: ______________________ |
| Terms to be certified: 
  - [ ] Current
  - [ ] All Terms |
| Social Security Number: ———-—— |
| Include Social Security Number: [ ] |
| Exclude Social Security Number: [ ] |

**NOTE:** Unless otherwise marked, the last four digits of your Social Security Number will be included. Your SSN is required by lenders. If you choose to exclude it from your certification, your lender may be unable to process your request correctly and efficiently.

By signing this form, I agree to release my enrollment information to the contact listed below. I understand academic standing is calculated at the end of each semester and the status that will be shown is from the previous semester.

**Signature:** ________________________________

We cannot accept electronic font signatures. Wet Signature ONLY.

Recipient Contact Information:

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SPACMNT Date: ________________

Office Use Only: Date Sent: ________________ Staff: ________

Revised 03/16/21