



UNDERGRADUATE VERIFICATION REQUEST/AUTHORIZATION TO RELEASE INFORMATION

Graduate students, please contact the Graduate School in Mitchell Hall 261 or at gradschool@uwm.edu

****THIS FORM MUST BE SUBMITTED WITH A LEGIBLE COPY OF A VALID LEGAL GOVERNMENT ISSUED PHOTO ID (examples: driver's license, state ID, Tribal/Native American ID, or passport)****

Student Name: _____

Former Name(s) If Any: _____

UWM ID # _____

Are you presently enrolled? YES NO – Last enrolled (semester & year): _____

I hereby request and/or authorize the release of the following information:

- Verification of enrollment for current semester – includes number of credits and enrollment status
- Verification of enrollment for upcoming semester (Note: we are not able to provide this until you are enrolled in classes)
- Verification of enrollment for prior term(s) – indicate year(s) and semester(s): _____
- Verification of complete enrollment history
- Verification of graduation/degree earned

Additional Information Requested:

- Cumulative Credits Earned Cumulative GPA
- Campus ID number Anticipated date of graduation - includes type of degree, month, and year
- Other (examples include semester GPA, single course grade, name of course taken, course location):

This information should be released:

- To me over the phone (list number): _____
- To me or a third party via email (list address): _____
- Via mail or fax to (list address/number or attach envelope for mailing): _____
- In person to me for pick up in Mellencamp 274 in two business days – and no later than two weeks from today
- In person to the following person for pick up in Mellencamp 274. Authorized person must show valid government-issued photo ID at time of pick-up. Name of authorized person: _____

Student Signature _____ **Date** _____

For Office Use only: Photo ID Checked **Processed by:** _____ **Date:** _____