

## 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#/SSN:	
Are you presently enrolled? YES INO – Last enrolled (semester & year): Thereby request and/or authorize the release of the following information*:	
□Verification of enrollment for current semester – includes nut	mber of credits and enrollment status
□Verification of enrollment for upcoming semester (Note: we a	are not able to provide this until you are enrolled in classes)
$\Box$ Verification of enrollment for prior term(s) – indicate year(s)	and semester(s):
□Verification of complete enrollment history	
Additional Information Requested: Cumulative Credits Earned Cumulative GPA Other (examples include campus ID, single course grade, na This information should be released: CHOOSE ONE	1 6
	r mailing):
□ In person to me for pick up in Mellencamp 274 in two busine □ In person for pick up by third party in Mellencamp 274. Auth pick-up. Name of authorized person:	horized person must show valid government-issued photo ID at time of
Student Signature	Date
For Office Use Only	
Photo ID Checked Form Received By:	Date:
Request Processed By:	
Nequest 110ccosed by Date,	