Enrollment Verification Request Form

Please fill out form, print, sign, and mail, e-mail or fax to:

University of Wyoming, Office of the Registrar
Dept. 3964, 1000 E. University Ave., Laramie, WY 82071
Phone: (307)766-5272 Fax: (307) 766-3960

E-mail: rr-transcript@uwyo.edu

Date		Number of Copies
Name of Student	Student "W"	"ID or Social Security #
Date of Birth		Phone #
Email Address		-
Student Signature (required to release GPA or Schedule):		
Requested by (if other t	nan student):	
Select an Option:		
☐ Same-Day S ☐ E-mail Servi ATTN (Who sho PLEASE PRIN Recipies Verify E	ervice — Limit 2 (\$10.00 charge — pick-up ce — Limit 1 (generally sent within 1-2 bus uld this be sent to?): T CLEARLY It's E-mail Address: mail: eation to (use a complete address; generally	iness days - no charge)
For Which Semester?		· ·
Needed for the following: (please check) Scholarship, Loan Deferment, Health Insurance Degree Conferred Good student car insurance discount (GPA must be 3.0 or above at UW) Other (to show resident status; good standing at UW, must have a 2.0 GPA) Pre-registration (only available if you have registered for the next semester) GPA (signature required to release) Copy of Schedule (only current semester can be issued) signature required to release		