



ENROLLMENT VERIFICATION REQUEST

University of Arkansas for Medical Sciences--College of Nursing
Phone # 501-686-5224 / Fax #501-686-7591

PRINT ALL INFORMATION

Student loan or insurance verification forms MUST be PROVIDED and attached to this form.
Verification letters will not be sent to these agencies.

Name: _____ Expected Graduation Date: _____

Program: BSN MNSc

I request that the following form(s) be completed:

1. ___ Letter of Academic Standing
2. ___ Verification of Enrollment
3. ___ Student Loan Deferment Form
4. ___ Insurance Form
5. ___ Other:

I request that the following information be included:

1. ___ Specific term of enrollment at UAMS _____
2. ___ Expected graduation date _____
3. ___ Other: _____

Other Release Information:

I _____ hereby authorize _____
Student Advisor/Instructor

to release my information to the following individual or organization.

Name	Organization / Relationship
_____	_____
_____	_____

A MINIMUM OF TWO (2) FULL WORKING DAYS IS REQUIRED FOR THE PREPARATION OF YOUR VERIFICATION REQUEST. YOUR FORM WILL BE AVAILABLE ON THE 3RD WORKDAY.

MAILING / PICK UP INSTRUCTIONS

_____ Will pick up after 1:00 p.m. 3rd work day after date of this request

_____ Fax to _____ At: _____

_____ Mail to the following address:

SIGNATURE DATE Daytime Phone #