



Registration and Records
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 Roseburg, Oregon 97470
 541.440.4604 | Fax 541.440.7713
 Registration@umpqua.edu

UCC Verification Request Form

Last Name	First Name	M.I.	Birthdate (MM/DD/YYYY)	Student ID Number
Mailing Address		City	State	Zip
Phone		Former Names Used		

Section 1 – REQUEST (Select all that applies)

Verifications will not be processed for future terms.

Verification type:

- GPA
- Enrollment
- Degree

Purpose of request:

- Insurance
- Deferment
- Child Support
- Other _____

Verification term: Summer Fall Winter Spring

Academic Year: _____

Additional Information Requested: _____

Section 2 – DELIVERY METHOD (Select all that applies)

In-Person pick up *(must be picked up within 30 days)*

Fax Fax number: (____) _____ - _____ Attention to: _____

U.S. Mail Use my student mailing address above Use different mailing address below:

Name _____

Mailing Address _____ City _____ State _____ Zip _____

Section 3 – PAYMENT INFORMATION

COST
<input type="checkbox"/> Mail/Pickup...\$0
<input type="checkbox"/> Fax\$3
Total: \$ _____

Credit Card: **Check No:** _____ **Cash**

Name on card: _____

Billing Address: _____ State: _____ Zip: _____

Account No: _____ Exp. ____/____ VCode: _____

Student Signature _____ **Date:** _____

Signifies Approval & Authorization to release my transcript as directed on this form.

OFFICE USE ONLY

Payment Verified: Fee Applied Payment Received **Date Received:** _____ AM PM

Section 4 – IN PERSON PICK UP ONLY (Sign & date at the time of pick up)

Student Signature _____ **Date:** _____

Signifies authorization that I received my transcript and/or verification.