

Request for Enrollment or Degree Verification

Important Notes:

1. Certification can only be processed for current or former students with no outstanding financial obligations or checkstops.
2. Current or former students in the schools of [Law](#), [Medicine](#) and [Dental Medicine](#) should contact their respective registrar's office for these services.
3. This form is NOT intended for to be used for **loan deferments**. Contact your loan agency or their website for the appropriate form and send it to the address below for processing.

1. Last Name		2. First Name		3. Person Number	
Former Name <i>(if applicable)</i>		4. Phone Number		5. UB E-mail	

6. Verification Requested

Enrollment **Semester** _____
 Degree Verification

7. Send Verification To:

Name _____

Address _____

City _____ State _____ Zip _____

Attention: _____

7a. **For Health** insurance purposes, additional information is needed:

Name of Health Insurance Company: _____

Name of Policy Holder: _____

Policy Holder ID or #: _____

7. Student signature authorizing release of information (MANDATORY):

Signature of Student: _____ Date: _____

Mail To: Student Academic Records & Financial Services, Certification,
232 Capen Hall, Buffalo, NY 14260
OR FAX To: (716) 645-7762.