THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER The Office of Enrollment Services



ENROLLMENT/DEGREE VERIFICATION AUTHORIZATION FORM

Verification that a student is or was enrolled at UTHSC will be furnished without charge within approximately 3-5 working days after receipt of a written, signed request addressed to the Registrar. Enrollment/degree verifications will be faxed upon request.

Verifications to be picked up from our office will be retained for 2 weeks. If the verifications have not been collected at that time, they will be destroyed, and a new request will be required.

I		, DO HEREBY AUTHORIZE	
		E VERIFICATION ON MY BEHALF TO	၁
THE RECIPIENT	(S) SHOWN BELOW.		
My Student Iden	tification Number: 885	Last four digits of my	
SSN:	. My Phone Number:	My Email	
Address:			
l am/was enrolle	d in the College of	·	
My Expected Gra	aduation Date is		
PLEASE SEND A	AN ENROLLMENT/DEGREE VE	ERIFICATION TO THE FOLLOWING:	
	SIGNATURE	DATE	