# UNIVERSITY OF CALIFORNIA, MERCED
## Office of the Registrar

# Enrollment/Financial Aid Verification

5200 N. Lake Rd., Merced, CA 95343 / Phone: (209) 228-7178 / Fax: (209) 228-4694 / registrar.ucmerced.edu

Complete this form and any subsequent attached documents to request a verification of enrollment with financial aid information. Processing time is **5 to 7 business days**. Provide all information, sign your request, and return this form to the Students First Center. Incomplete forms will not be processed. Requests for verification are TERM based. You will need to complete multiple requests to verify information for more than one term. Prior to the start of a term, letters will verify registration- you must be registered in courses. Enrollment may be verified once the appropriate term has begun.

Verification recipients will receive two statements from corresponding departments that include the information below. Both statements will include an authorizing signature and office contact information. Included attachments will also be completed by the corresponding department.

**From the Office of the Registrar**
- Class
- Expected Graduation Date
- Student ID Number
- Cumulative GPA
- Curriculum (Major, Minor, Conc.)
- Credit Hours
- Term Dates
- University Seal

**From the Office of Financial Aid and Scholarships**
- Cost of Attendance
- Student Budget Group
- Student ID Number
- Expected Family Contribution
- Types of Aid Received and Award Amounts
- Aid Period Details

◯ Attachment Included

## Personal Information

UCM ID Number _____

Last Name _____  First Name _____  M.I. _____

E-mail _____  Phone Number _____

Term Requested (one term per request): ◯ Fall  ◯ Spring  ◯ Summer  Year _____

Delivery Method (choose one):

◯ Pick Up (Bring picture ID when picking up a completed verification. You will not be notified when the verification is ready, please stop by to pick-up after the processing time. Verifications not picked up within 3 months will be destroyed.)

◯ E-mail: _____

◯ Fax No: _____

◯ Mail (provide address below):

Attention To: _____

Address: _____   (30 character maximum per line)

_____

City _____  State _____  Zip _____

Country _____

Student Signature _____  Date _____