

Student Verification Request

The Student Verification Request allows current students and alumni to request various types of enrollment verification letters. The requested verification letter will be completed within 3-5 business days from the date of your request.

Included Information:

- Full Name
- Date of Birth
- Last four (full Social Security Number provided upon request)
- Expected/Anticipated Graduation Date
- Entire enrollment history unless otherwise indicated
- Program of Study

Methods of Delivery

- Email
- Fax
- Mail
- Pick Up

Request Reasons:

- Various Educational Requirements
- Housing
- Insurance
- Loan Deferrals
- Military Verifications
- Academic Dismissals
- FBI Internships

Types of Letters

- Academic Standing:
 - Standing provided for current or last term attended
- Certification of Degree:
 - Can be requested after degree requirements have been met and prior to degree conferral
- Certification of Enrollment
- Letter of Non-Attendance
 - Only available to individuals who never attended or participated in courses
- Pre-Registration letter:
 - The program and anticipated credit hours will be listed
- Withdrawal letter
 - Used for students that have attended Regent and fully withdrawn
- External Agencies Forms

* A copy of your completed letter will also be sent to you via email



Student Verification Request

Send completed form to: 1000 Regent University Drive, SC 218 Virginia Beach, VA 23464 Fax: 757-352-4033 | Email: registrar@regent.edu

| Date of Request: | | |
|--|-------------------------|---|
| Type of Letter: Academic Standing Letter of Non-Attendanc | | tCertification of Degree Withdrawal Letter |
| Name: | | |
| Phone #: | _Regent Email: | |
| Regent University School of: | Degree Sought: | |
| Anticipated Graduation Date: | | |
| Terms to be certified: | Social Security Number: | |
| Current | Include Social Secur | rity Number: |
| All Terms | Exclude Social Secu | rity Number: |
| standing is calculated at the end of each semest Signature: We cannot accept electronic font s | | |
| Recipient Contact Information: | | |
| Recipient 1 | Recipient 2 | Recipient 3 |
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SPACMNT Date: _

| Office Use Only: Date Sent: | Staff: | |
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