



Enrollment Verification Request Form

Office of the Registrar
8401 S. Chambers Road
Parker, CO 80134

Phone: (720) 874-2455
E-mail: registrar@rvu.edu
Fax: (720) 874-2452

Please complete and submit this form to the Registrar's Office if you need an official Enrollment Verification Letter.

Student Name: _____ Student ID#: _____

PROGRAM	STANDARD LETTER INCLUDES
<input type="checkbox"/> Osteopathic Medicine <input type="checkbox"/> Biological Science <input type="checkbox"/> Physician's Assistant	Matriculation date Anticipated graduation date Enrollment status (full-time/part-time)
COMMENTS	PLEASE ALSO INCLUDE
_____ _____	<input type="checkbox"/> GPA <input type="checkbox"/> Board scores (includes exam/exam date/status) <input type="checkbox"/> Other: _____
RELEASE INSTRUCTIONS	
<input type="checkbox"/> Will pick up (please have RVU Student ID at pick-up) <input type="checkbox"/> E-mail to student (RVU student email only): _____	
<input type="checkbox"/> Mail to: Program: _____ Attention: _____ Address: _____ City/State/Zip: _____	
<input type="checkbox"/> E-mail to: E-mail address: _____	
<input type="checkbox"/> Fax to: Fax to: _____ Attention: _____	

Student Signature: _____ Date: _____

For office use only	
Date Received:	Processed By:
Date Processed:	Notification Sent: