

**Office of the Registrar**

5000 North Willamette Blvd, Portland, Oregon 97203-5798  
Phone: 503-943-7321 Fax: 503-943-7979  
Email: registrar@up.edu

**REQUEST FOR ENROLLMENT VERIFICATION**

UP ID: \_\_\_\_\_ Dates of UP Attendance: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Semesters to be included: \_\_\_\_\_ Date to be picked up: \_\_\_\_\_

Anticipated graduation date, if needed: \_\_\_\_\_

Other information you want included: \_\_\_\_\_

To be mailed to:

Street 1: \_\_\_\_\_

Or fax to: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_