

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

The request may be submitted in person, mailed, faxed or scanned/captured as a digital image and attached to an email.

IDENTIFICATION

UP ID (Optional): _____ Dates Enrolled: _____ Birthdate: _____

Last: _____ First: _____ Middle: _____

INFORMATION TO INCLUDE

Semesters to be included: _____

Anticipated graduation date, if needed: _____

Other information to include: _____

DELIVERY INFORMATION (Select one option)

Mail To: _____

Email: _____

Street 1: _____

Street 2: _____

Fax Number: _____

City: _____

State: _____ Zip Code: _____

Country: _____

Signature: _____

Only handwritten signatures will be accepted