



**TEXAS A&M  
UNIVERSITY  
KINGSVILLE**

OFFICE OF THE REGISTRAR  
MSC 105, 1050 W. SANTA GERTRUDIS AVE  
KINGSVILLE, TEXAS 78363-8202  
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www.tamuk.edu

**ENROLLMENT VERIFICATION REQUEST FORM**

**(PLEASE USE BLACK OR BLUE INK ONLY)**

Check One:

Are you a graduating senior for the **CURRENT SEMESTER**? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

(PRINT) Last Name First Name Middle Name

Student K ID# or Social Security Number (SS#) Telephone # (Including area code)

Current Mailing Address City State Zip Code

Student Signature Date

SEMESTER(S) TO BE VERIFIED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Number of copies needed: \_\_\_\_\_

- I will pick up verification.
- To be picked up by someone other than student. \_\_\_\_\_  
(PLEASE PRINT FULL NAME)

**NOTE: Any person picking up verification must present a valid picture ID.**

Mail to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax to: ( ) \_\_\_\_\_

ADDITIONAL INFORMATION FOR FAX COVER SHEET:

\_\_\_\_\_  
\_\_\_\_\_

**Office of the Registrar's Use Only:** Date Marked: \_\_\_\_\_ Processed By: \_\_\_\_\_  
 Date Picked up: \_\_\_\_\_ Processed By: \_\_\_\_\_  
 Date Mailed: \_\_\_\_\_ Processed By: \_\_\_\_\_  
 Date Faxed: \_\_\_\_\_ Processed By: \_\_\_\_\_