



TEXAS A&M
UNIVERSITY
KINGSVILLE

OFFICE OF THE REGISTRAR
MSC 105, 1050 W. SANTA GERTRUDIS AVE
KINGSVILLE, TEXAS 78363-8202
PH (361) 593-2811 * FAX (361) 593-2195
www.tamuk.edu

ENROLLMENT VERIFICATION REQUEST FORM

Check One:

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

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: _____