



Enrollment Services
Office of Records and Registration

3333 Regis Boulevard A-8
Denver, Colorado 80221-1099
303-458-4126 / 1-800-568-8932
FAX: 303-964-5449
enrolsvc@regis.edu

Enrollment/Degree Verification Request

Please supply the following information. Include with this form any specialized verification form required by the organization requesting verification.

Full Legal Name: _____ Date of Birth: _____

Social Security Number **OR** Student ID Number: _____ Telephone: _____

Any other names you have used while attending Regis University or Loretto Heights College:

Dates of Attendance for which verification is requested: **From** _____ **To** _____

Year of graduation/degree, if applicable _____

The organization to which verification should be sent:

Name of Organization _____

Name of Verifying Person _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Enrollment Services accepts Verification Requests by:

Mail: Regis University
Office of Records and Registration
3333 Regis Boulevard A-8
Denver, Colorado 80221-1099

Phone: 303-458-4366
1-800-388-2366 Ext. 4366

Fax: 303-964-5536

E-mail: enrolsvc@regis.edu