

Enrollment/Degree Verification Request

Please complete the following information. Include any specialized verification form(s) required by the organization requesting verification. Please allow 24-48 business hours for processing.

Student's Information:

Full legal name _____ Date of birth _____

Student ID number OR SSN _____ Previous names you used while attending _____

Year of graduation & degree, if applicable _____ Dates of attendance _____

Send verification to: Email

Email address

Name of organization/recipient

Fax

Fax number

Name of organization/send attention to:

Mail

Name of organization

Address

City State Zip Code

Academic Records & Registration accepts verification requests by:

Mail: Regis University
Academic Records & Registration
3333 Regis Blvd A-8
Denver, CO 80221

Fax: 303 964-5449
Phone: 303 458-4126

Email: studentservices@regis.edu