

Enrollment & Degree Verification Request

Current students and alumni with Carnegie Mellon email accounts may request verification of their enrollment and/or degree(s) awarded through Student Information Online (SIO). All other students seeking enrollment and degree verification should complete this form and email it to the University Registrar's Office at uro-verifications@andrew.cmu.edu. This request form is not for third party verifiers.

Enrollment verification letters are provided electronically, contain the University Registrar's signature and seal, and may include: enrollment history, enrollment status, dates of attendance, majors/minors, expected degree(s), awarded degree(s), and expected graduation date. Course, grade, and QPA information is not included; an official transcript should be ordered separately.

Please note if you have an outstanding financial or community obligation to the university, the request cannot be processed until those obligations have been met. For your protection, **please refrain from printing your Social Security Number (SSN) anywhere on this form.**

STUDENT INFORMATION

Andrew ID: _____ Andrew ID unknown: _____ Date of Birth: _____
mm/dd/yyyy

Full Legal Name: _____
Last/Family, First and/or Preferred, Middle Initial

Any other name(s) under which you were enrolled: _____

Email: _____ Phone: _____

Were you enrolled at Carnegie Mellon before 1990? Yes No Estimated dates of attendance: _____
e.g., August 2018–May 2022

VERIFICATION REQUESTED

Enrollment history *(enrollment status, full-time/part-time status, semester dates, college, department, major, and class level)*

Course registration for upcoming semester *(semester dates and full-time/part-time status)*

Awarded degree(s) *(includes additional majors and minors)*

Expected degree/graduation date *(includes additional majors and minors)*

Early degree completion *(program completion precedes graduation date)*

Course descriptions *(list up to three)*

	<i>course number</i>		<i>semester</i>
	<i>course number</i>		<i>semester</i>
	<i>course number</i>		<i>semester</i>

SEND VERIFICATION TO

Name of person and/or organization: _____

Email: _____ Reference/Policy #: _____
Please attach the external PDF request form (e.g., health/auto insurance forms, deferment forms, etc.) if necessary. *(if applicable)*

CONSENT TO RELEASE INFORMATION

I hereby authorize the release of my academic record information to the above recipient.

Student Signature: _____ Date: _____
mm/dd/yyyy