



ENROLLMENT VERIFICATION REQUEST FORM

THE UNIVERSITY OF TEXAS OF THE PERMIAN BASIN

Student Name:	
Student UID Number:	
Student Phone Number:	

Signature:	
Date:	

Anticipated Graduation Date:	Hours Enrolled:
------------------------------	-----------------

NAME OF COMPANY TO BE SENT TO: _____

Check a box:

- I WOULD LIKE TO PICK UP THE LETTER.
- I WOULD LIKE TO FAX THE LETTER. FAX NUMBER: _____
- I WOULD LIKE TO MAIL THE LETTER.

 (Street/P.O. Box) (City) (State) (Zip Code)