



REGISTRAR'S OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7566 | www.uaccm.edu

# CERTIFICATION OF ENROLLMENT REQUEST

Name: \_\_\_\_\_ I.D./S.S. No. \_\_\_\_\_  
(Please Print)

Contact Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Verify Enrollment for the Following Semester:  Fall  Spring  Summer I  Summer II

Request Type:  Loan  Insurance  Other

Please Initial Next to One of the Method in Which You Would Like to Receive This Information:

\_\_\_\_\_ I will pick this information up at the Registrar's Office: on: \_\_\_\_\_ after: \_\_\_\_\_  
(Date) (Time)

\_\_\_\_\_ Please fax this information to: \_\_\_\_\_

\_\_\_\_\_ Mail this information to the address listed below:

(home, institution, or agency)

\_\_\_\_\_ (Street address, P.O. Box, Rural Route, Etc.)

(City)

(State)

(Zip)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Certification Requests are not processed until the registration cycle for the certifying period has closed. At least one working day is required to complete this request.**