



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: _____
(Last Name) (First Name)

Student I.D./S.S. No.: _____ Contact Phone No.: _____

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

Request Type: Loan Insurance Other

Initial Next the Requested Method for Which Information is to be Received:

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

_____ Please fax this information to: _____
(Initial)

_____ Mail this information to the address listed below:
(Initial)
(home, institution, or agency)

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

(City) (State) (Zip)

Signature: _____ Date: _____
(Student)

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.