University of New Haven Educational Verification Form

Student’s Full Name

Social Security Number

Street Address

City, State, Zip Code

Telephone

Please check below the information that you are requesting to be verified. UNH can only certify the terms in which you are/were registered. Also, by your signature, please authorize UNH to release information to the address below.

☐ Enrollment for __________________________ Term.

☐ Pre-registration for __________________________ Term.

☐ Expected Date of Graduation ______________________

Send To: ____________________________________________ Fax Number (if needed)

__________________________________________________

________________________________________

Your Signature Date

PART II  To be completed by Registrar

__/__/__ to__/__/__  ____ Full time  ____ At least half time  ____ Less than half time

__/__/__ to__/__/__  ____ Full time  ____ At least half time  ____ Less than half time

__/__/__ to__/__/__  ____ Full time  ____ At least half time  ____ Less than half time

__/__/__ to__/__/__  ____ Full time  ____ At least half time  ____ Less than half time

Anticipated Graduation Date ______________________ Degree ___________

Pre-Registration for __________________________ Term

__/__/__ to__/__/__  ____ Full time  ____ At least half time  ____ Less than half time

I certify the information stated in Part II is correct. Any further question please contact:

University of New Haven
Undergraduate Records
300 Boston Post Road
West Haven, CT 06516

Telephone # 203-932-7301 SEAL University Registrar
Fax # 203-931-6096

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