

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
Fax # 203-931-6096

SEAL

University Registrar