

Office of the Registrar
190 Hahn Student Services
1156 High Street
Santa Cruz, CA 95064

Phone: (831) 459-4412
Fax: (831) 459-5051
Email: registrar@ucsc.edu

University of California, Santa Cruz
Enrollment Verification Request

By signing this form, you agree to have the Records Verification fee(s) assessed to your UCSC account.

Enrollment Verifications include:

Current Program of Study (UGRD/GRAD) Current Enrollment: Term, Begin and End Dates,
Expected Completion Date Units, Full/Part-Time Status
Signature of the University Registrar Major(s), Minor(s), College
University seal

Prior Quarters and GPA also available under
Additional Requests*.

— PRINT CLEARLY —

Name: Brooks Ta'zhnae melanie
LAST FIRST MIDDLE

Student ID: 1803962

Phone: (510) 600-2437

Email: tambrook@ucsc.edu

☐ Pick-Up

or
☒ Mail to:

Ta'zhnae Brooks
PERSON / INSTITUTION

1723 Church St.
STREET 1

STREET 2

Oakland CA 94621
CITY STATE ZIP

***Additional Requests (no extra charge):**

- ☐ Include all prior quarters
☐ Include my GPA
☐ Hold for _____ quarter enrollment
☐ Attach additional paperwork

Financial Waiver – Verifications for scholarship/
financial aid verification are provided at no charge. Provide
financial aid paperwork and include the name of the
scholarship or institution.

Scholarship/Institution: Marcus Foster
Education Institute

___ # COPIES x \$17 each = \$___

SPECIAL PROCESSING REQUESTS

☐ Fax Request (USA only) – add \$5 per fax
() _____ \$___

Attention: _____

☐ Express Mailing (USA only) – add \$25 per address \$___

☐ International Standard Mail – add \$5 per address \$___

☐ International Express Mailing
(Phone number required) – add \$30 per address
() _____ \$___

☐ Notarization – add \$23 per verification \$___

☐ Sign & Sealed Envelope
– add \$23 per verification \$___

Total: \$___

SIGNATURE: [Signature]

DATE: 9/22/20

Office Use Only:

Processed By: _____ Date: _____ Date Fee Posted: _____ Check #: _____ Cash Amt: \$ _____

Pick Up/Faxed/Mailed By: _____ Date: _____

Revised: 11/2018