



THE UNIVERSITY of
MISSISSIPPI

OFFICE OF THE REGISTRAR

REQUEST FOR LETTER OF VERIFICATION

**For your convenience, enrollment verifications are now available through myOleMiss.
From the Student tab, select Academics, then select Enrollment Verification.**

Completed request forms can be mailed or faxed to the contact information shown below.

Please print or type:

Student's Full Name: _____

Last 4 digits of SSN OR STUDENT ID: _____ **Expected Date of Graduation** _____

Daytime Phone Number: _____ **Email** _____

Type of Verification Requested---Choose all that apply.

_____ Enrollment Verification (Semester Needing Verification _____)

_____ Good Student Automobile Discount (3.0 GPA Previous Semester Required)

_____ Degree(s) Earned

_____ History of Enrollment

_____ Grade Point Average (GPA)

_____ Letter of Academic Standing

_____ Enrollment Verification for Health Insurance (Semester Needing Verification _____)

Name/Phone Number of Card Holder Not the Insurance Company _____ (_____) _____

How would you like to receive the requested verification (In person, Emailed, Mailed or Faxed):

_____ In person (Verification will be available after 2:00 pm on the next business day)

_____ Email Verification - Print email address: _____

_____ Mail Verification - Provide the mailing address below

Mailing Address: _____

_____ Fax Verification – There is a \$10.00 processing fee.

Fax Verification to: _____ @_(_____) _____

Charge \$10 fee to VISA/MC # _____ **Expiration Date:** _____

Name of Cardholder: _____