



# REGIS

A CATHOLIC UNIVERSITY IN GREATER BOSTON

## Enrollment/Graduation Verification Form

Regis College, Office of the Registrar  
235 Wellesley Street Weston, MA 02493

Phone: 781-768-7270 Email: [registrar@regiscollege.edu](mailto:registrar@regiscollege.edu)

### **Verification Process and Policies:**

- Allow *3-5 business days for processing* from date received at Registrar's Office. (This time may increase for peak periods such as registration, final grades posting and commencement, and for Aquinas and St. Elizabeth's Hospital students.)
- Pickups are valid for one month; after one month a new request form is needed
- The Registrar's Office will *only verify* what was indicated on this form.
- *Same day verifications are \$10*, otherwise no fee. Must be paid with cash, check or money order. **No credit cards.**

**\* Please Print ALL Information Clearly \***

### **Student Information:**

Please Indicate School: **Regis College**    **Aquinas- Milton**    **Aquinas- Newton**    **Other:** \_\_\_\_\_

First Name:	Last Name:	Last 4 of SNN ( <i>required</i> ):
Name(s) during attendance ( <i>if different from above</i> ):		Student ID#:
Phone Number:	E-mail address:	
Current Street/Apt Address:		
City:	State:	Zip:
Anticipated / Graduation Date:	Did you complete the program?    YES    NO	

### **Select Verification:**

Verify which semester(s):

Fall 20\_\_\_\_  
Spring 20\_\_\_\_  
Summer 20\_\_\_\_

Enrollment Status:

Fulltime  
Part time  
Don't Specify

Other Verifications:

Completion of Degree  
Previous Semester(s) (*Indicate Semesters*): \_\_\_\_\_  
Outside Form (*Attach form to this request*)

Notes: (use this space for special instructions)

### **Select Delivery Method:**

Pickup Date: \_\_\_\_\_

Fax To: **Recipient Name:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

Mail To:

School/Company Name:		
Recipient or To-the-Attention-to ( <i>required</i> ):		
Street:		
City:	State:	Zip:

**Signature Disclaimer:** I understand that checking the "I Accept" box below constitutes my *legal signature* confirming that I acknowledge, understand and agree to the *Verification Process and Policies* stated in this document and give Regis College permission to process this request.

**"I Accept":**

**DATE:** \_\_\_\_\_