



Enrollment/Graduation Verification Form

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

Phone: 781-768-7270 **Email:** registrar@regiscollege.edu

Verification Process and Policies

- We can only verify current and/or previous semester enrollment history. *We cannot verify enrollment in future semesters.* Please submit your request, including any additional forms you may have, on or after the first day of classes for the semester.
- **Loan deferment requests:** we report your enrollment status to loan agencies within 30 days after the start of the semester. Please wait until this time period has passed before submitting deferment requests.
- Requests are typically processed 3-5 business days after being received by the Registrar’s Office. However, during certain peak times of the year, such as commencement, registration, start of the semester and for more complex requests, processing times may increase.
- Same-day processing may be available for \$10 (cash or check) but is at the discretion of the Registrar. Please contact the Registrar's office to confirm before submitting your request.

Please Print ALL Information Clearly

Student Information:

Please indicate School: *Regis College* *Aquinas College* *Other:* _____

First Name: _____ Last Name: _____

Last 4 of SSN (*required*): _____ Student ID Number: _____

Phone Number: _____ Email Address: _____

Name(s) during attendance (*if different from above*): _____ Did you graduate: Yes No

Select Verification:

Notes/Special Instructions:

Current Semester

Previous Semester (*indicate semesters*):

External Form (*attach form to this request*)

Select Delivery Method:

Pick-up date: _____

Email to: _____

Fax to: *Recipient Name:* _____ *Fax Number:* _____

Mail to:

Name: _____

Street: _____

City: _____ *State:* _____ *Zip code:* _____

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: _____