

University of Virginia's College at Wise STUDENT CERTIFICATION / VERIFICATION REQUEST

Your Student Information

Name:	Phone:
Student ID or SSN #:	E-mail:
Signature:	Date:

Type of Verification Requested

- Good Student Discount Loan Deferment
 Medical Insurance Other:
 Enrollment Verification Please specify: _____

Terms for verification

- All Terms
 Current Terms
Terms from: _____ to _____ (month/year)

Additional Information for verification

- Expected Date of Graduation _____ (mo/year) to be provided by student
 Cumulative Credits & GPA
 Degrees received from UVA-Wise (CVC)

Mailing Information

Please provide **the complete address** to mail the verification information.
If the information is to be faxed, please **provide the fax number**.

Address: _____

Fax #: _____

Questions:

Telephone #: (276) 328-0116
Fax #: (276) 376-4598

Mail To:

UVA-Wise Registrar's Office
1 College Avenue
Wise, VA 24293

FOR OFFICE USE ONLY:

DATE RECEIVED _____

DATE PROCESSED _____