



University of Dallas
Office of the Registrar

9 H U L I L F D W L R Q Form (Instructions) P H Q W

Fill in named and UD ID#

Fill in semester to be verified
D Ex. ± Fall

Check appropriate boxes for the information you wish to be verified.

Sign and date

Fill in address to which form should be mailed, write pick-up.

6 X E P L W F R P S O H W H G I R U P , W R X V K D Q 5 H W R M U D D I F F , y o u c a n F H
mail, fax, or email. Please make sure entire form is complete before submitting.

Office of the Registrar
Cardinal Farrell Hall, Ste. 180
1845 E. Northgate Dr.
Irving, TX 75062
P: 972-721-5221
F: 972-721-5132
Email:
registrar G H S W@udallas.edu



University of Dallas
Office of the Registrar

9 (5 ,) , & \$ 7 , 2 1 2) (1 5 2 // 0 (1 7

Student Name _____ Student ID Number _____

(PLEASE PRINT) Last First Initial

Select the information to be verified from the items below:

Semester to be Verified: _____

... Enrollment Status

... Degree Program

...