

New Mexico State University University Registrar's Office

Enrollment/Degree Verification Request (Non-Enrolled Students)

	Stud	lent Information		
Aggie ID Number:	Last Name	First Name	Middle Initial	
Social Security Number:	Former/Alias Name(s)			
Social Security Number:	To Thicipy mass realize(s)			
Semester (if applicable)	Undergraduate Gr	raduate Both	GPA (Optional)	
			Semester Cumulative	
	Ve	rification Type		
All Enrollmo	Number of Copies			
Cumulative	Number of Copies			
Degree Ver	Number of Copies			
Lender Ver	Number of Copies			
Military ID/	Number of Copies			
NM Motor	Number of Copies			
Semester Grade Verification			Number of Copies	
	De	elivery Method		
E-Mail	E-Mail Address:			
Fax	Fax Number:	1	To the attention of:	
USPS Mail	Pre-addessed, stamped e	Pre-addessed, stamped envelope must be provided.		
Pick-up		Verifications will be available next business day by 3:00pm. Photo ID required. Pick up at: University Registrar's Office, Educational Services Building, 1780 E. University Ave.		
Third Party F	Authorized Person:	Authorized Person:		
AUTHORIZATION: I authorized	New Mexico State University to release and d	leliver information as indicated a	above.	
Form Routing:				

Drop off: Deliver to University Registrar's Office, Educational Services Building, 1780 E. University Ave, Las Cruces, NM 88003

Fax to: (575)646 – 1579 E-Mail to: registra@nmsu.edu