

Purpose of Form

Please complete this form to request a letter verifying your enrollment or other additional information regarding your enrollment. If all you require is verification of your current enrollment status, you may obtain an Enrollment Certificate in your Student Portal by accessing the Clearinghouse Student Self-Service under Popular Links.

Submission Instructions

This form should only be used by former University of the Rockies students. Once you have completed this form in its entirety, please print, sign, or e-sign, and submit it to the Registrar's Office. Any missing information on the form will result in a delay in processing your request. Requests are traditionally processed within 7-10 business days; however, requests which require financial information to be released may take more than 10 business days to process.

Ashford University Office of the Registrar, 1515 Arapahoe Street Tower 3, Floor 11, Denver, CO 80202

Tel: 800.798.0584 Fax: 888.226.6319 Email: RecordsUoR@ashford.edu

Note: Please review the accepted form formats: .PDF, Word (.DOC or .DOCX), Excel (.XLS or .XLSX), TIFF or .TIF, .JPG or .JPEG, Text (.TXT), Bitmap (.BMP), .HTML or .HTM. Submitting a form in any other format may require resubmission or result in a delay in processing.

First Name: _____ Last Name: _____

Student ID (ABCDEF1234): _____

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Information Requested for Release

For an official transcript, please complete an online request for transcripts at <http://www.ashford.edu> then click on Transcript Request under Popular Links along the left hand side of the webpage. For final grades, please check your Student Portal.

Enrollment Status/Good Standing Letter: (States your current enrollment status, program of study, and current dates of attendance.)

Process the Attached Form*

Other: _____

*Please include your portal/student ID on each page of your attached documents. A delay in processing may result if this information is not provided.

Purpose for Release

Personal Professional Other: _____

Person/Agency to Whom Information May Be Released

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Website: _____

Method of Delivery

Mail (provide address above)

Fax (provide number above)

Email (provide address above)

Authorization to Release

I understand that the student record information provided may include, but is not limited to: directory information, non-directory information, and/or relevant financial information (including Federal aid related information). I understand and agree that by signing this authorization, I am waiving my rights of non-disclosure of my student records under the Family Educational Rights and Privacy Act (FERPA) as to the persons or entities specifically listed herein. I hereby release and hold Ashford University harmless from any and all claims and liabilities that may arise from my instructions, including unauthorized viewing of my student information by unintended recipients of mail, E-Mail, or fax transmissions. This executed FERPA Release Form will be retained in my student records for one year as a record of authorization for release.

I authorize the Registrar's Office to release the information indicated above to the person/agency indicated.

Student Signature: _____ Date: _____

You have provided your consent to receive documents from Ashford University in electronic form as part of your Online Application. For more information, please refer to the Electronic Communication section of the Catalog.