



29300 Lankford Highway, Melfa, VA 23410
Information: 757-789-1789 Fax: 757-789-1737 Homepage: www.es.vccs.edu

Student Enrollment/Degree Verification Form

I, _____, Social Security # _____
(Insert Name)
or ID # _____, authorize the Eastern Shore Community College

Office of the Registrar to release my enrollment information for the _____
(E.g. Spring 2010)
semester to the party or parties indicated below. This information should include my social
security number, my total enrollment hours and my status as a full-time or part-time student.

Please mail this information to the following name/address:

Or

Fax To: _____

Note: There are additional enrollment hours that are part of the Eastern Shore Community
College's partnership with Tidewater Community College that should be included in my
enrollment information. Yes _____ No _____

Student Signature

Date