

Enrollment Verification Request

In accordance with the "Family Education Rights and Privacy Act of 1974" Public Law 93-380 (Education Amendment of 1974), enrollment verifications cannot be released without a written request and signature from the student, except to certain authorized college officials.

NOTE: Please allow 3 - 5 business days for your request to be processed. Please fill in each section completely. Third party requests can be fulfilled through the National Student Clearinghouse.

PLEASE PRINT LEGIBLY:

| Name: | Student ID Number: | | |
|---|--|---------------------|----------------|
| Address: | City: | State: | Zip: |
| Phone: | _ | | |
| PLEASE CHECK ONE: | | | |
| I will pick up 1 | ny enrollment verification. | | |
| Email my enro | ollment verification to me a | t | |
| Mail my enrol | lment verification to me at | the address above. | |
| Email my enro | ollment verification to the f | ollowing address: | |
| hours. If you require add GPA Program of St | already include full/part-ti itional information, please udy raduation Date (You must | check the appropria | ate box below: |
| Signature: | | Date: | |
| Office use only | | | |
| Date completed | Initials | | |