

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		