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**Enrollment Verification Form**

 **Directions:** Please print, complete and return to The Graduate School Office.

Request Date: Click here to enter text.

Name: Click here to enter text. Banner ID: Click here to enter text.

**Place an “X” beside the requested information**

|  |  |
| --- | --- |
| [ ] UNCP Degree Awarded | [ ]  Degree Program |
| [ ]  Dates of Attendance | [ ]  Currently Registered |

**The following Release of Confidential Information requires the student’s written consent**

|  |  |
| --- | --- |
| [ ]  Academic Standing | [ ]  Current Status (ex. FT/PT) |
| [ ]  Overall GPA | [ ]  Anticipated Graduation (MMYYYY) |

Address of Recipient: Click here to enter text. Fax Number: Click here to enter text.

|  |
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| **The Family Educational Rights & Privacy Act of 1974, Public Law 93-380, Section 483 requires the written consent of the student before any information, other than directory, can be releases. By my signature on this form, I am requesting that The Graduate School furnish the checked information to the recipient listed.** |
| black_dot |
| **Student Signature (Required) Date** |

**The Graduate School Office**
PO Box 1510
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