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| **UNCP ID:** | **8** | **4** | **0** |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Date of Request | MM / DD / YYYY |
| Name of Student |  |

The enrollment verification that is processed through our office includes the following information:

* Current enrollment (or non-enrollment) at UNCP.
* Student’s Permanent Address
* Current Term enrolled in
* Semester dates of the current term
* Enrolled hours taken
* Student status (full time, part time etc.)
* Expected Graduation

Should you require additional information on the form, especially confidential/sensitive material, a student signature is needed. Please use the below box to request additional information on the form.

|  |
| --- |
| Additional Information Requested: |
|  |

Choose mailing option OR fax:

|  |  |
| --- | --- |
| Name and Address of Recipient | Name and Fax Number of Recipient |
|  |  |
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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 released. By my signature on this form, I am requesting that the Office of the Registrar furnish the checked information to the recipient listed.**

Student Signature \*Signature of student is required for all verification requests. Date