

**The University of North Carolina at Pembroke
School of Graduate Studies
Enrollment Verification Form**

Directions: Please complete and return to the School of Graduate Studies at the address below.

Request Date: _____ **Printed Student Name:** _____

Place an "x" beside the requested information:

_____ UNCP Degree Awarded	_____ Major Field of Study
_____ Dates of Attendance	_____ Currently Registered at UNCP

The following Release of Confidential Information requires the student's written consent:

_____ Academic Standing	_____ Current Status (ex. full-time/part-time)
_____ Anticipated Graduation Date (month and year)	_____ Overall GPA
_____ Birth Date	_____ Degree Pursuing
_____ Classification	

Name and Address of Recipient and/or Fax Number (Please print clearly)

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 School of Graduate Studies furnish the checked information to the recipient listed.

Student Signature (Required)

Please return completed form to:

**School of Graduate Studies
The University of North Carolina at Pembroke
Post Office Box 1510
Pembroke, NC 28372-1510
Fax # 910-521-6751**