

**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<br>(month and year) | _____ Overall GPA                              |
| _____ Birth Date                                      | _____ Degree Pursuing                          |
| _____ Classification                                  |  |

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

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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 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**