

Enrollment Verification Form

Mail: UNC at Pembroke
Office of the Registrar
P.O. Box 1510
Pembroke, NC, 28372
OR: **Fax:** 910-521-6328

UNCP ID:	8	4	0						
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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

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