# Enrollment Verification Form

**Mail:** UNC at Pembroke  
Office of the Registrar  
P.O. Box 1510  
Pembroke, NC, 28372  

**Fax:** 910-521-6328

## Information

- **UNCP ID:** 840
- **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:

<table>
<thead>
<tr>
<th>Name and Address of Recipient</th>
<th>Name and Fax Number of Recipient</th>
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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**

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*This publication is available in alternative formats upon request. Please contact Disability Support Services, DF Lowry Building, 910-521-6695*