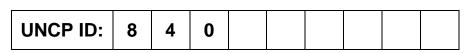
## **Enrollment Verification Form**

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

OR: Fax: 910-521-6328



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

UNIVERSITY of NORTH CAROLINA

PEMBROKE

- 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.

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