

Office of the Registrar | 207 East 5th Street | Mail Stop 518 | Greenville, NC 27858-4353 Office: (252) 328-6747 | Fax: (252) 328-4232 | Email: <u>regis@ecu.edu</u> www.ecu.edu/registrar

ENROLLMENT VERIFICATION

Request Date:		PI	Phone Number:	
Full Name:		Ba	anner ID:	
Place an "X" beside the requested information:				
1. ECU Degree Awarded		2. Major Field of Study		
3. Dates of Attendance		4. Address/Telephone Information		
5. Birth Date		6. Currently Registered at ECU		
The following is considered confidential information and requires the student's written consent:				
7. Current Hours (Full time/Part- time)		8. Rankin Class/Dept.		
9. Classification		10. Anticipated Graduation Date (m) (y)		
11. Degree Pursuing		12. Previous Reg. Status (Which terms?)		
13. Total Credit Hours (Cumulative)		14. Academic Standing		
15. Overall GPA		16. Early Registered (Which terms?		
17. Test Scores		18. Comments:		
		-		
To have your request mailed:	To have your request faxed:		To have your request emailed	
(Name & Address of Recipient)	(Name & Fax# of Recipient)		(Name & Email Address of Recipient)	

Student Signature (Required)

These records are protected by the Family Educational Rights and Privacy Act and are provided under an exception to the Act found in 34 CFR §99.31. As a condition for receiving this data, you hereby agree that the information contained herein will not be disclosed to others and that the information will only be used for the purpose(s) for which this disclosure was made.