



Office of the Registrar

East Carolina University

105 Whichard Building • Greenville, NC

27858-4353 252-328-6746 office • 252-328-4232 fax

Enrollment Verification Form

Request Date: _____

Phone Number: _____

Full Name: _____

Banner ID: _____

Place an "X" beside the requested information:

- | | |
|----------------------------|------------------------------------|
| 1. ___ ECU Degree Awarded | 4. ___ School Code |
| 2. ___ Dates of Attendance | 5. ___ Major Field of Study |
| 3. ___ Birth Date | 6. ___ Currently Registered at ECU |

The following Release of Confidential Information requires the student's written consent.

- | | |
|--|---|
| 7. ___ Current Hours (Full Time/Part Time) | 12. ___ Rank in Class/Dept. |
| 8. ___ Classification | 13. ___ Anticipated Graduation Date _____
(Please indicate the Month & Year) |
| 9. ___ Degree Pursuing | 14. ___ Previous Reg. Status _____ (Which Terms?) |
| 10. ___ Total Credit Hours (Cumulative) | 15. ___ Academic Standing |
| 11. ___ Overall GPA | 16. ___ Early Registered (Which Terms?) |
| | 17. ___ Comments |

To Have Your Request Mailed:

Name and Address of Recipient

OR

To Have Your Request Faxed:

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 (Required)