Enrollment Verification Form

Request Date: _______________________________ Phone Number: ______________________

Full Name: _____________________________________ Banner ID:        ___________________

Place an “X” beside the requested information:

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

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

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