



Office of SoDM Registrar

Email completed form to sodmregistrar@ecu.edu

Enrollment Verification Form

The following release of confidential information requires student consent. Please be sure to sign/date the bottom of this form.

*Please allow up to 72 hours for request processing once this form is received by SoDM Registrar.

Request Date: _____

Date Needed: _____

Full Name: _____

Banner ID: _____

Cohort: _____

Class of: _____

Place an "X" beside the requested information:

- 1. ___ ECU Degree Awarded & Date
2. ___ Dates of Attendance
3. ___ Verification of Current Enrollment at ECU/Field of Study
4. ___ Current Hours (Full Time/Part Time)
5. ___ Classification/Degree Pursuing
6. ___ Overall GPA/Class Rank (D3's/D4 only)
7. ___ Anticipated Graduation Date (Please indicate the Month & Year)
8. ___ Academic Standing/Verification of Good Academic Standing
9. ___ Additional Comments/Requests:

To Have Your Request Mailed: Name and Address of Recipient

OR

To Have Your Request E-Mailed: Name and email 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 SoDM Registrar (Office of Academic Success) furnish the checked information to the recipient listed.

Student Signature (Required)

(Date)