



Enrollment Verification Request

The Peninsula's Community College

In accordance with the "Family Education Rights and Privacy Act of 1974" Public Law 93-380 (Education Amendment of 1974), enrollment verifications cannot be released without a written request and signature from the student, except to certain authorized college officials.

NOTE: Please allow 3 - 5 business days for your request to be processed. Please fill in each section completely. Third party Requests can be fulfilled through the National Student Clearinghouse.

PLEASE PRINT LEGIBLY:

Name: _____ Student ID Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

PLEASE CHECK ONE:

- I will pick up my enrollment verification.
Please mail my enrollment verification to me at the address above.
Please mail my enrollment verification to the following address:

Four horizontal lines for providing an alternative address.

To be completed by staff:
Ready for Pick-Up:
Date: ___/___/___
Time: _____

Enrollment Verifications already include full/part-time status, dates of attendance, and credit hours. If you require additional information, please check the appropriate box below:

- GPA
Program of Study
Anticipated Graduation Date (You must have a declared major)

Reason for requesting enrollment verification: _____

I am requesting an enrollment verification for:

- Current Semester
Next Semester
Past Semester, specify term(s) and year(s): _____

I hereby authorize Thomas Nelson Community College to release my student information:

Student Signature: _____ Date: _____