NOVA Northern Virginia Community College

Form 125-094
Rev. 7/12

STAFF USE ONLY
Staff initials:_____
Date processed:_____
Campus:_____

Enrollment Verification Request

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.

Please Note: Please allow **10 working days** for your request to be processed. Please fill in each section completely.

PLEASE PRINT LEGIBLY:

1. Name: _____ **NOVA ID:** _____
Last *First* *M.I.*

Address: _____

_____
City State Zip

Phone #: _____

Alt. Phone #: _____

PLEASE CHECK ONE:

1. ☐ Check if you would like the letter mailed to you.
2. ☐ Check if you would like to pick up the letter. You will receive a phone call or VCCS email when your request is ready. Please bring a picture I.D. with you.
3. ☐ Check if you would like your information sent to the individual or agency listed in Step 2. **A complete address is required for this option.**
4. ☐ Check if you want the letter faxed. Fax number: _____

2. Third party requesting information (if applicable:

Name: _____

Address: _____

_____

3. Description of Information to be released:

NOTE: If you are requesting an acceptance letter to the college INSTEAD of enrollment verification, skip steps 4 - 5 and check here: ☐ ***Please sign and date the bottom of the form.***

****Enrollment verifications already include full/part-time status, dates of attendance and the definition of full-time.**
If you require additional information, Please check the appropriate box below:

☐ GPA ☐ Anticipated graduation date (you **must** have a declared major)

4. Reason for requesting information:

☐ Health insurance ☐ Military ID or military insurance ☐ Employment
☐ Driver's license or social services ☐ College transfer (please attach the college transfer application)
☐ Loan deferment (you must include the in-school deferment paperwork provided by your lender)
☐ Other: _____

5. Please check which semester(s) you are requesting verification for:

☐ Current semester ☐ Past semester(s), please specify term(s) and year(s): _____
☐ Next semester

By signing this form I am giving permission for my Student ID Number to be released:

Student Signature: _____ Date: _____

Student may submit the completed form to a Student Services Center at any campus.