



ECU

Office of the Registrar | 207 East 5th Street | Mail Stop 518 | Greenville, NC 27858-4353
Office: (252) 328-6747 | Fax: (252) 328-4232 | Email: regis@ecu.edu
www.ecu.edu/registrar

ENROLLMENT VERIFICATION

Request Date: _____ Phone Number: _____

Full Name: _____ Banner ID: _____

Place an "X" beside the requested information:

- 1. ECU Degree Awarded
- 2. Currently Registered at ECU
- 3. Dates of Attendance
- 4. Major Field of Study
- 5. Address

The following is considered confidential information and requires the student's written consent:

- 6. Current Hours (Full time/Part- time)
- 7. Rankin Class/Dept.
- 8. Classification
- 9. Anticipated Graduation Date (m)_____ (y)_____
- 10. Degree Pursuing
- 11. Previous Reg. Status (**Which terms?**)_____
- 12. Total Credit Hours (Cumulative)
- 13. Academic Standing
- 14. Overall GPA
- 15. Early Registered (**Which terms?**)_____
- 16. Date of birth
- 17. Telephone listing
- 18. Test Scores _____
- 19. Comments: _____

To have your request mailed:

(Name & Address of Recipient)

To have your request faxed:

(Name & Fax# of Recipient)

To have your request emailed

(Name & Email Address of Recipient)

Student Signature (Required)

These records are protected by the Family Educational Rights and Privacy Act and are provided under an exception to the Act found in 34 CFR §99.31. As a condition for receiving this data, you hereby agree that the information contained herein will not be disclosed to others and that the information will only be used for the purpose(s) for which this disclosure was made.