



Office of the Registrar

East Carolina University
105 Whichard Building • Greenville, NC 27858-4353
252-328-6746 office • 252-328-4232 fax
www.registrar.ecu.edu/registrar

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)