



Enrollment Verification Request

Last Name _____	First Name _____
Student ID _____	Program _____
Email _____	Phone _____
DOB _____	Other Names Used _____

Information Requested for Release (Requests can take up to 5 business days to process):

- Enrollment Status (current and previous enrollment history)
- Proof of Graduation
- Other (Please be as descriptive as possible): _____

Reason for Release:

- Personal
- Professional
- Scholarship/Loan
- Other: _____

Information may be released to (please use separate forms for multiple recipients):

Name: _____

Relationship to Student: _____

Address: _____

City: _____ State: _____ Zip: _____ Fax#: _____

Email Address: _____

Delivery Method:

- Student Pick Up
- Third Party Mail (Provide complete address information above)
- Fax (provide fax number)
- Email (provide email address)

Authorization:

I understand that the information being released may include, but is not limited to directory information and non-directory information, as identified under the Family Educational Rights and Privacy Act (FERPA), within my student record. I hereby authorize Guam Community College to release this information to the third party listed above.

Student Signature: _____ **Date:** _____