Enrollment Verification Request

Last Name _____ **First Name** _____

Student ID _____ **Program** _____

Email _____ **Phone** _____

DOB _____ **Other Names Used** _____

Information Requested for Release:

☐ 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:** _____