



Office of the Registrar
109 Community College Rd. Ahoskie, NC 27910
Fax: (252) 862-1355

Request for Enrollment Verification

Student Name _____ SS or Student ID#: _____

Current Enrollment Prior Enrollment History

Term of Requested Verification (ie Spring 2018) _____

Date Needed _____

Note: Must be after the start of the requested term

Please check one: Pick-up Mail Fax

If verification is to be mailed or faxed, please provide address or fax number below:

Student Phone (To contact when it is available): _____

Student Signature _____ Date _____

Processed by: _____ Date _____