



UNIVERSITY OF THE VIRGIN ISLANDS

ENROLLMENT VERIFICATION REQUEST FORM

Instructions:

- 1. Complete the form below to request parts of your academic record be verified to outside institutions.
- 2. Return the completed form to the Office of the Registrar.
- 3. Please complete one form for each request.
- 4. Requests are typically processed in 2 to 3 business days.

Student Name: _____ Maiden Name (s): _____
Student ID: _____ Contact Phone: _____
Date of Birth : _____ Date Requested: _____
Email Address: _____

Please send a verification of my academic record via:

Mailing Address Name: _____
Address: _____
City: _____ State: _____ Zip Code _____
 Fax Fax Number: _____ Attention: _____
 Will pick up

Parent Name/Signature _____

(Note: if student is under age and making request on behalf of the student)

Student Signature _____

Some of these items are considered confidential information and require a student signature.

Please check below the appropriate boxes on your request:

- Matriculation Date (start Date)
- Dates of Attendance
- Level (undergraduate, graduate, etc.)
- GPA (grade point average)
- Anticipated/Graduation Date
- Full-time/part-time status
- Status (freshman, sophomore, junior, senior, etc.)
- Current Credit Hours

Note: The Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), as revised, states (a) An educational agency or institution may disclose personally identifiable information from an education record of a student without the written consent of the parent of the student or the eligible student if (1) The disclosure is to other school officials, including teachers, within the agency or institution has determined to have legitimate educational interests. (2) The disclosure is to officials of another school or school system in which the student seeks or intends to enroll.