



VERIFICATION OF ENROLLMENT FORM

By signing below, I authorize Piedmont Virginia Community College to release information regarding my enrollment and student status.

Name (printed): _____

PVCC student ID#: _____

Phone number: _____

I am requesting verification of the following term/terms: _____ (ex: Fall 2013)

Please send this information via the following manner:

I will pick-up

Fax to: Name _____

Number _____

Mail to:

Name of Person or Company

Address

City, State, Zip Code

Any additional notes:

Signature: _____ Date: _____

PLEASE ALLOW FIVE BUSINESS DAYS FOR PROCESSING

<p><i>Records Office Use Only:</i></p> <p>Processed by: _____</p> <p>Date: _____</p>
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