



VERIFICATION OF ENROLLMENT FORM

By signing below, I authorize Piedmont Virginia Community College to release information regarding my enrollment and student status. I understand that my enrollment status cannot be released until after the refund date has passed for each term.

Name (printed): _____

PVCC student ID#: _____

Phone number: _____

Email address: _____

I am requesting verification of the following term/terms: _____ (ex: Fall 2022)

Please send this information via the following manner:

Scan to email address: Name: _____

Email: _____

OR

Mail to:

Name of Person or Company

Address

City, State, Zip Code

Any additional notes:

Signature: _____ Date: _____

PLEASE ALLOW FIVE BUSINESS DAYS FOR PROCESSING

PVCC does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding nondiscrimination policies: Kim Van Savage, Chief Human Resources Officer, kvansavage@pvcc.edu, 434-961-6567, 501 College Drive, Charlottesville, VA 22902.

Registrar's Office Only:

Processed by: _____

Date: _____