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Enrollment Verification Request

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of eligible students' education records. Directory Information, including a student's name, address, telephone numbers, date of birth, enrollment status, enrollment dates, major and degrees earned, may be shared without consent unless the student has placed a confidential hold on their records.

As required by appropriate state and federal laws, Kalamazoo Valley Community College will not release confidential information, either verbally or in writing about applicants or students, unless expressly allowed by the act or the student has completed an authorization for release of information. By signing this form, you are consenting to the disclosure of the specified information to the designated company or individual. Future requests to release information to this individual or anyone else will require completion of a new release. Please allow two business days for processing.

Student s Identification

The name you provide here will be the name we use in your enrollment verification letter.

Name: _____ (First) _____ (Middle Initial) _____ (Last)

Valley Number: **V** _____ Birth date: _____ Phone: _____

Individual or Organization Being Authorized

Reason for disclosure _____

Name or Department _____

Company/Organization _____

Street line 1 _____

Street line 2 _____

City, State, Zip code _____

Information to be Released (check all that apply)

Current Semester/Year Only

- ☐ Semester dates
- ☐ Enrollment status: Full or Part time
- ☐ Enrollment only (no FT/PT status)
- ☐ Number of credit hours enrolled in

Entire Enrollment at KVCC

- ☐ Enrollment begin and end dates
- ☐ Curriculum and degree
- ☐ Grade point average (GPA)
- ☐ Anticipated graduation date

Future Enrollment

- ☐ Admission acceptance
- ☐ Anticipated enrollment semester

☐ Other: _____

If not releasing your entire enrollment history, please specify the semesters and years to be included:

☐ Winter (Select) Year ☐ Summer (Select) Year ☐ Fall (Select) Year

Processing Instructions

- ☐ Mail to above individual/organization address
- ☐ Pick up in two business days
- ☐ Fax to: _____
- ☐ E-mail to: _____

Student s Authorization

I authorize Kalamazoo Valley Community College to release the specified information to the individual or organization identified.

Signature: _____ Date: _____

Admissions, Registration and Records Office
6767 West O Ave, PO Box 4070,
Kalamazoo, MI 49003-4070
P 269-488-4281, F 269-488-4161, arr@kvcc.edu

Office Processing

____/____/____ Date Processed _____ Initials

Comments: