



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 Name:	use in yo	our enrollment verification letter.		
First	Mid	dle Initial Last		
Valley Number: V	_ Birt	h date:	F	Phone:
Individual or Organization Being Auth	horized			
Reason for disclosure				
Name or Department				
Company/Organization				
Street line 1				
Street line 2				
City, State, Zip code				
Information to be Released (check all th	nat apply			
				Fotons Formally and
Current Semester/Year Only ☐ Semester dates		ire Enrollment at KVCC ollment begin and end dates		Future Enrollment Admission acceptance
☐ Semester dates ☐ Enrollment status: Full or Part time		riculum and degree		·
☐ Enrollment only (no FT/PT status)		de point average (GPA)		Anticipated enforment semester
□ Number of credit hours enrolled in		cipated graduation date		
□ Other:				
If not releasing your entire enrollment history,	nlease	enacify the semesters and years	to he	included:
☐ Winter	, picase s Sur			Fall
Year		Year	-	Year
Processing Instructions				
☐ Mail to above individual/organization addre	ress	☐ Pick up in two business days	S	
□ Fax to:		□ E-mail to:		
Student s Authorization				
I authorize Kalamazoo Valley Community College	e to relea	ase the specified information to the	ne inc	dividual or organization identified.
Signature:		Date	e:	

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	
/ /	Comments:
Date Processed Initials	