

MAIL REQUEST TO:
OFFICE OF THE REGISTRAR
BREVARD COLLEGE
ONE BREVARD COLLEGE DRIVE
BREVARD NC 28712
PHONE: 828-641.0020



FAX OR EMAIL REQUEST TO:
ATTN: OFFICE OF THE REGISTRAR
FAX: 828.641.0390
EMAIL: Registrar@brevard.edu

**Office of the Registrar
Enrollment/Education Verification Request Form**

Please print legibly and in ink: Current semester verifications will not be completed until after the drop/add period has ended.

Verification for current semester? Yes No If not for current semester, please indicate semester to be verified _____

Student Name: _____ Indicate how to be processed:

_____ Will pick up / Received: _____

Address: _____ _____ FAX/Mail/Email To: _____

E-Mail Address _____ BC ID# _____ SSN _____ - _____ - _____

Date of Birth _____ Home Phone # (____) _____ Cell Phone # (____) _____

Signature _____ Date _____

NOTE: Third party requests must be accompanied by written authorization from the student to provide requested information. Requests are processed in the order in which they are received. Normal processing time is 2-4 business days. Processing time increases during registration, graduation, and final grade posting.

(DO NOT WRITE BELOW THIS LINE)

_____ This student graduated / is expected to graduate as follows:

Degree: _____ Date awarded / expected: _____

Major: _____

_____ Enrollment: Inclusive dates for periods of attendance verified are shown below:

Period of Attendance Certified

Student Enrollment Status (12 semester hours = full-time)

_____ We are unable to verify enrollment or graduation based on the information provided. Please provide additional information such as prior names used, etc.

_____ Comments: _____

We certify the above information is accurate as of the date of this signature. If you have additional questions please contact the Office of the Registrar at 828-641.0020.

Registrar

Date

College Seal

FOR OFFICE OF THE REGISTRAR USE ONLY:

Date Received: _____ Date Processed: _____ Initials: _____

7.09.2021