

NORTH CAROLINA A&T STATE UNIVERSITY
Office Of The Registrar
1601 East Market Street
Greensboro, NC 27411



OFFICE (336) 334-7595 FAX (336) 256-2715

REQUEST FOR VERIFICATION OF ENROLLMENT

Banner ID# _____ Presently Enrolled? YES NO

First Enrollment Term _____

First Name _____ Middle Name _____ Last Name _____

Last Enrollment Term _____

Home Phone _____ Cell Phone _____

Student's Signature: _____ Date: _____

Period of enrollment to be included in letter: _____

Verification letter is to be: Picked Up (4 pm) Mailed or Faxed Fax # _____

(Pick up in 2 days) (Processed in 2 or 3 days)

Expected Graduation Date: _____

Send verification letter to: (Please print clearly. Enter complete name and mailing address.) **One request per form.**

Name/Organization: _____

Mailing Address: _____

City, State Zip _____

Please allow 2 - 3 days for verification to be processed

Mail completed request form to:

**North Carolina A&T State University
Office of the Registrar
1601 East Market Street
Greensboro, NC 27411**

or Fax completed request form to:

1-336-256-2715

***** Please note, if you need your grades, you will need to request an official transcript! *****

FOR REGISTRAR'S OFFICE USE ONLY

Date Request Received: _____ Date Processed: _____

Request Processed By: _____ Pick-up date: _____