

ENROLLMENT VERIFICATION

Students Full Name: _____

Term: _____

Of Copies: _____

Send To: _____

Letter Type: _____

CE -Current Enrollment
EH -Enrollment History
E1 -Early Registration for Spring
E2 -Early Registration for Summer 1
E3 -Early Registration for Summer 2
E4 -Early Registration for Fall

Print Items:

Degree Awarded

*Please Note

Any information covered under the Privacy Law such as Student ID#, Date of Birth, Permanent Address, or GPA requires a student signature. Please come to John Thomas Hall, Room 109 to sign a release form.

Please send completed form to: **ASU Registrar's Office**
John Thomas Building
Boone, NC 28608-2009
Fax - (828)262-6765