

Enrollment Verification

Office of the Registrar

Name _____
Last First Middle

Date of Birth _____ Social Security # - -

Maiden or Other Names _____

Name and Address or FAX Number of Person or Institution to Receive this Information:

FAX _____

Check the box beside the information to be verified:

- Degree Awarded _____
- Date of Graduation _____
- Major Field of Study _____
- Dates of Attendance _____
- Current Enrollment Status (Full-Time or Part-Time) _____
- Future Enrollment Status _____
- Date of Birth _____
- Classification Sr Jr So Fr
- Other _____

The following educational information requires the student's written permission (Signature) to release:

- Barton College Grade Point Average _____
- Total Hours Earned _____
- Other _____

Student Signature _____ Date _____

Please mail or fax this form to:

Barton College • Office of the Registrar • PO Box 5000, Wilson, NC 27893
FAX (252) 399-6572

Office of the Registrar use only:
Completed by _____ Date _____

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