VIRGINIA PENINSULA COMMUNITY COLLEGE

ENROLLMENT VERIFICATION
Enrollment Management | registration@vpcc.edu
Hampton Campus, Kecoughtan Hall | Williamsburg Campus, Student Services

In accordance with the Family Educational Rights and Privacy Act (FERPA), enrollment verifications cannot be released without a written request and signature from the student, except to certain authorized college officials.
Note: Please allow 3 - 5 business days for your request to be processed.

To be completed by student:

ID#: _____ First Name: _____ Last Name: _____

Email: _____@email.vccs.edu   Phone: _____

Address: _____

City: _____   State: _____   Zip:_____

Please check delivery preference:

☐ pick up

☐ fax to: _____

☐ mail to the address above

☐ mail to the following address

_____

_____

_____

Enrollment Verifications already include full/part-time status, dates of attendance, and credit hours. If you require additional information, please check the appropriate box below:

☐ GPA

☐ Program of Study

☐ Anticipated Graduation Date (must have a declared major)

I am requesting an enrollment verification for:

☐ Current semester

☐ Next semester

☐ Past semester, specify term(s) and year(s): _____

I hereby authorize Virginia Peninsula Community College to release my student information:

_____   _____
Student Signature   Date:

Revised 7/23 EM   Processed by: _____   Date: _____