



VERIFICATION OF ENROLLMENT FORM

By signing below, I authorize Piedmont Virginia Community College to release information regarding my enrollment and student status. I understand that my enrollment status cannot be released until after the refund date has passed for each term.

Name (printed): _____

PVCC student ID#: _____

Phone number: _____

Email address: _____

I am requesting verification of the following term/terms: _____ (ex: Fall 2022)

Please send this information via the following manner:

Scan to email address: Name: _____

Email: _____

OR

Mail to:

Name of Person or Company

Address

City, State, Zip Code

Any additional notes:

Signature: _____ Date: _____

PLEASE ALLOW FIVE BUSINESS DAYS FOR PROCESSING

Registrar's Office Only:

Processed by: _____

Date: _____