



**Enrollment Verification Release Form**  
**Return to: Enrollment Services, Atlantic Cape Community College,**  
**5100 Black Horse Pike, Mays Landing, NJ 08330**  
**Fax: 609-343-4914**

Atlantic Cape Community College, in compliance with the Family Education Rights and Privacy Act (FERPA), will release specific information concerning a student (or former student) only with the signature of the student, a court order or a subpoena, a power of attorney authorized by the student, or upon the request of the executor of the student's estate.

Student's Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

I am requesting that Atlantic Cape Community College verify the following information concerning my academic records:

A. The semester information I would like to be verified (check all that apply):

\_\_\_\_ Summer \_\_\_\_\_ (Year)

\_\_\_\_ Fall \_\_\_\_\_ (Year)

\_\_\_\_ Spring \_\_\_\_\_ (Year)

Date/Expected date of graduation \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_ Parent information \_\_\_\_\_

B. \_\_\_\_ Mail or \_\_\_\_ Fax the information to the following address: *(Please print)*

Send to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax #: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_