



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: _____