



Enrollment Verification Release Form

Return to: Enrollment Services, ACCC, 5100 Black Horse Pike, Mays Landing NJ 08330

Or Fax to: 609-343-4914

Atlantic Cape Community College, in compliance with the Family Educational 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: _____

SS# Number: _____

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:

Send to: Name: _____ (Please print)

Address: _____

City/State/ZIP: _____

Fax # : _____

Student Signature: _____ Date: _____