

**AUTHORIZATION FOR RELEASE OF INFORMATION  
[Enrollment Verification]**

STUDENT NAME: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

DATE OF REQUEST: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**PLEASE SELECT ALL THAT APPLY:**

I will pick up the verification document in the Registrar's Office  
(Please allow up to 48 hours for processing)

Send the verification form to the address below:

COMPANY OR CONTACT NAME:

\_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

Fax information to: \_\_\_\_\_

Send e-mail to: \_\_\_\_\_

**TERM(S) TO BE VERIFIED:**

Term Year(s):		
Fall	Spring	Summer

**Please indicate the nature of your request:**

Disciplinary
Dates of enrollment
Enrollment status
Letter of Non-Attendance
Good academic standing
Graduation, Anticipated Date of Graduation
Other:

Verifications are completed **after the conclusion of the drop/add dates.**

I understand that verifications will only be processed if I have no obligations on file.

I understand this form must be completely filled out in order to be processed.

I accept full responsibility for making sure that all forms turned in by me requiring my personal information, including my signature, are properly completed.

**A signature is required for processing.**

\_\_\_\_\_  
**STUDENT SIGNATURE**

Once the form is completed, please save and send to [verify@broward.edu](mailto:verify@broward.edu) as an attachment. Allow up to 48 hours for processing.

Comments: