

LENOIR-RHYNE UNIVERSITY

Enrollment Verification Request

Name: _____ Student ID#: _____

Phone: _____ Today's Date: _____

Email: _____ Date of Birth: _____

Anticipated Graduation Date: _____ Full-time Part-time

*Term(s) to Verify: Spring _____ Summer _____ Fall _____

**Student Signature: _____

**We are only able to verify current and past semesters.*

***Please be advised that we require a student signature or a completed Student Disclosure Form on file in order to release non-directory information. Students of Lenoir-Rhyne are protected by The Family Educational Rights and Privacy Act (FERPA).*

Please send verification to (for Health Insurance, please provide: ID#, Policy #, or Claim #):

1. Fax Mail Pick-up

2. Fax Mail Pick-up

3. Fax Mail Pick-up

4. Fax Mail Pick-up

Lenoir-Rhyne University
Enrollment Services Center
PO Box 7227
Hickory, NC 28603

Phone: 828.328.7279 Fax: 828.328.7368 Email: Registrar@lr.edu