



# BELMONT ABBEY COLLEGE

Office of Registrar  
Belmont, NC 28012

## ENROLLMENT VERIFICATION

I hereby authorize Belmont Abbey College to release information regarding my student status.

### STUDENT INFORMATION: (Please Print)

Name: \_\_\_\_\_  
*First Middle Last*

Social Security Number : \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Name while attending Belmont Abbey: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Insured Name \_\_\_\_\_ Insured ID Number \_\_\_\_\_

### TYPE OF VERIFICATION:

- Enrollment Verification
- Insurance Verification
- Good Standing Letter
- Expected Date of Graduation
- Degree Verification

\* Please indicate **TERM** and **YEAR** for which you need verification:

Fall 20\_\_\_\_\_

Spring 20\_\_\_\_\_

Summer 20\_\_\_\_\_

### INFORMATION:

- Pick up Letter (Available after 2PM next working day)
- Fax To: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_
- Mail information to: (Provide complete mailing address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### MAIL YOUR REQUEST TO:

BELMONT ABBEY COLLEGE  
OFFICE OF THE REGISTRAR  
100 BELMONT MT.HOLLY ROAD  
BELMONT, NC 28012

### FAX YOUR REQUEST TO:

BELMONT ABBEY COLLEGE  
OFFICE OF THE REGISTRAR  
704-825-6727