

Enrollment Verification

**Office of the Registrar
Emory & Henry College**

PO Box 947, Emory, Virginia 24327

FAX: 276-944-6884

PHONE: 276-944-6116

EMAIL: records@ehc.edu

If this form is not completely filled out the request will not be fulfilled.

Name: _____ **Student ID:** _____

Telephone Number: _____ **Email Address:** _____

Please provide the mailing address or fax number of where you would like the verification sent:

Mailing Address: _____

Fax Number: _____

Anticipated Completion Date: _____

Enrollment Verifications will be completed twice a week (Tuesday and Friday) and will be sent to the address or fax number indicated above.

Signature*: _____ **Date:** _____

Signature is required for release of records.