2023-2024 ENROLLMENT VERIFICATION FORM

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P.O. Box 26170



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Student Name:				Student	iD	
Last		First	Middle			
CTION A: To be C	ompleted by l	UNCG Student				
academic year?	ling, spouse, and/o	or children who will be en	irolled in an eligibl	e post-seconda	ry institution du	ring the 2023-2024
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FAMILY MEMBER IN	FORMATION					
Family Member's Nam	۵.				Student ID:	
	Last	First	Midd		otaucht ib	
Date of Birth:		Year in College:	E	Expected Gradu	ation Date:	
				pcotca o.aaa		
The UNC-Greensboro s	tudent listed at th	e top of this form is my:	☐ Sibling	Child	☐ Spouse	
CTION D. T. D. C.	1		- 11 1			
CTION B: To Be Co	ompleted By t	he Family Member	Enrolled in El	igible Post :	Secondary So	chool
		-			-	chool for enrollment certification
Family member: Comp	plete the signature	e release below. Forward	this form to your	institution's Re	egistrar's Office	for enrollment certificatior
Family member: Comp	plete the signature	e release below. Forward	this form to your	institution's Ro	egistrar's Office	for enrollment certification
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