

## VERIFICATION OF ENROLLMENT

I give my permission for the following information, pertaining to my enrollment status, to be released to the Bureau of Reclamation.

\_\_\_\_\_  
Student's Printed Name and Signature

\_\_\_\_\_  
SSN

The student named above is  enrolled or  accepted for enrollment as a degree seeking student.  
5 CFR 213.3202(b)(1)

\_\_\_\_\_  
Name of Education Institution

\_\_\_\_\_  
No. of Hours Carrying

\_\_\_\_\_  
Academic Major

\_\_\_\_\_  
Academic Standing

\_\_\_\_\_  
Date of Graduation (tentative)

Type of Degree Pursuing:

- High School (or GED)*
- Voc/ Tech Certificate*
- Associate Degree*
- Baccalaureate Degree*
- Graduate Degree*
- Professional Degree*

\_\_\_\_\_  
Certification by Registrar's Office

\_\_\_\_\_  
Date